



The New Zealand
Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa



NZCCP

The New Zealand College
of Clinical Psychologists

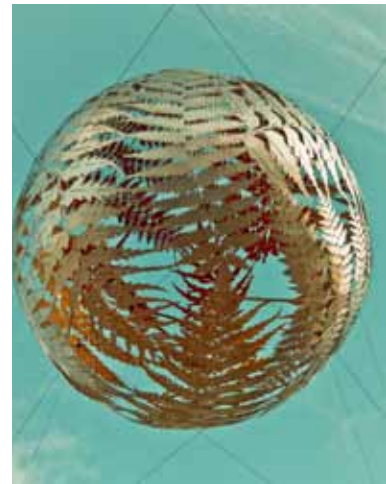
Te Whare Wānanga o te Mātauranga Hinengaro

New Zealand Psychological Society &
New Zealand College of Clinical Psychologists
Joint Conference
20-23 April 2012

Venue: Wellington Convention Centre

Proudly sponsored by:

- ACC
- *The New Zealand Psychologists Board*



Programme at a glance

Saturday 21 April

- 9.00am - Powhiri; opening speaker: Des Gorman
10.30am - Keynote: David Barlow - **MFC Auditorium**
11.30am - Symposia and streams:
Neuropsychology - **MFC Auditorium**
Counselling psychology - **Lion Harbourview Lounge 1**
Positive psychology - **Lion Harbourview Lounge 2**
I/O psychology - **Civic Suite 1**
Adult clinical - **Civic Suite 2**
Educational/developmental - **Civic Suite 3**
Mindfulness - **Square Affair Suite 2**
1.00pm - Lunch
2.00pm - Keynote: Pat Dudgeon - **MFC Auditorium**
3.00pm - Symposia:
Neuropsychology - **MFC Auditorium**
Guest speaker: Dione Healey (5.30pm)
Counselling psychology - **Lion Harbourview Lounge 1**
Coaching (CPSIG)
Positive psychology - **Lion Harbourview Lounge 2**
Symptom validity
I/O psychology - **Civic Suite 1**
Bicultural
Adult clinical - **Civic Suite 2**
Educational/developmental - **Civic Suite 3**
Mindfulness - **Square Affair Suite 2**
6.30pm - Whakawhanaungatanga - Renouf Foyer

Sunday 22 April

- 8.30am - Keynote: Alan Fruzzetti - **MFC Auditorium**
10.00am - Symposia and streams:
EBSCO - **MFC Auditorium**
Guest speaker: Julia Rucklidge (11.00am)
Parenting symposium - **Lion Harbourview Lounge 1**
Health Psychology - **Lion Harbourview Lounge 2**
Innovations in practice - **Civic Suite 1**
Clinical adult - **Civic Suite 2**
Psychologists Board meets with Institute chairs - **Civic Suite 3**
Rasch Analysis - **Square Affair Suite 1**
Strengthening communities - **Square Affair Suite 2**
12.00pm - Lunch - 12.30pm: Book Launch- **Ka Tū, Ka Oho**
1.00pm - Keynote: Erana Cooper - **MFC Auditorium**
2.00pm - Symposia:
ACC presentation - **MFC Auditorium**
Guest speaker: Karen Salmon (2.30pm)
Clinical/neuro - **Lion Harbourview Lounge 1**
Health psychology - **Lion Harbourview Lounge 2**
Bicultural - **Civic Suite 1**
Clinical Training - **Civic Suite 2**
Family Court Report Writers - **Civic Suite 3**
Rasch Analysis - **Square Affair Suite 1**
Strengthening communities - **Square Affair Suite 2**
4.00pm NZCCP AGM - **Square Affair Suite 2**
All Institute AGMs - all rooms
4.30pm NZPsS AGM - **Civic Suite 2**
7.30pm Conference dinner, Amora Hotel

Monday 23 April

- 8.30am - Psychologists Board presentation - **MFC Auditorium**
10.00am - Keynote: Heather Gridley - **MFC Auditorium**
11.00am - Symposia and streams:
Working with Refugees - **MFC Auditorium**
Process Issues in Psychological Treatment - **Lion Harbourview Lounge 1**
Health psychology - **Lion Harbourview Lounge 2**
I/O psychology - **Civic Suite 1**
Research Methods - **Civic Suite 2**
Reflection on Depression - **Square Affair Suite 1**
Child and Family - **Square Affair Suite 2**
12.30pm - Keynote: John Weinman - **MFC Auditorium**
1.30pm - Lunch and Farewell
2.30pm - Symposia:
Guest speaker: Ian Lambie (2.30pm) - **MFC Auditorium**
Clinical Child - discussion
Process Issues in Psychological Treatment - **Lion Harbourview Lounge 1**
Health psychology - **Lion Harbourview Lounge 2**
I/O psychology - **Civic Suite 1**
Careers Forum - **Civic Suite 2**
Child and Family - **Square Affair Suite 2**
4.00pm - Conference ends

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Conference Organisation

This conference is the result of the efforts of dedicated and hardworking people.

Thanks go to:

Prof Ian Evans, Scientific Programme Chair,
The conference committee :
Muriel Christianson
Joanne Cunningham
John Fitzgerald
Karma Galyer
Karen Kyne
Kiri Luther
NZPsS Office:
Dr Pamela Hyde, Executive Director
Heike Albrecht, Professional Development Coordinator
NZCCP Office
Caroline Greig, Executive Director
Kuni Shepherd (NZCCP kaumatua)
Angus Macfarlane (NZPsS kaihautu)
Student assistants

Exhibitors

Booth 1
NZCER

Booth2
Wilkinson Insurance

Booth 3
Interlogue Software

Booth 4
FatChance

Display Stands:
Mental Health Foundation
Sage Publications
University of Otago

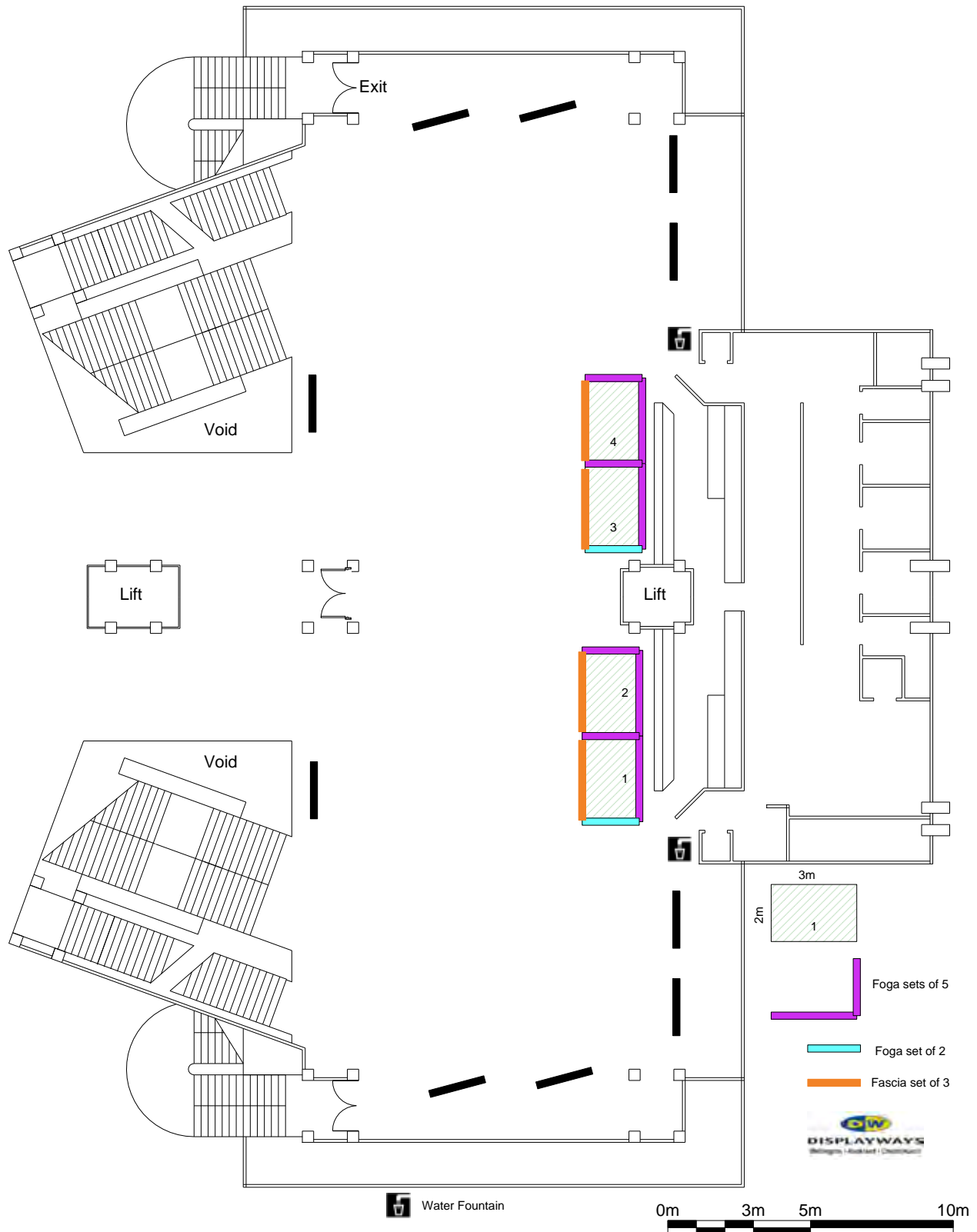
Satchel inserts:
Department of Corrections
New Zealand Association of Positive
Psychology

Advertisers:
Hoare Research Software
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Paardekooper

We would like to thank the Psychologists Board and ACC for their sponsorship of this conference.

Floor Plan, Renouf Foyer

Renouf Foyer



General Information for Delegates

Venue

Wellington Convention Centre (Townhall (TH) & Michael Fowler Centre (MFC)), Wakefield St, Wellington

Registration

The registration desk opens at 8.00am Saturday 20 April and is located in the Fletcher Challenge Foyer, the main entrance of MFC.

Location of programme activities

All plenary sessions will be held in the Auditorium, Michael Fowler Centre

Symposia papers will be held in the following rooms:

Lion Harbourview Lounge 1 & 2 on the 2nd floor in the MFC;

Civic Suites 1, 2 & 3 2nd floor TH; Square Affair Suites 1 & 2, ground floor TH.

Posters will be displayed in the Renouf Foyer for the entire conference.

Workshops will be held on Friday 20 April from 9.00am - 5.00pm

Payment and refunds

Cash, cheques, and credit cards (Visa or MasterCard only) will be accepted at the conference venue. Any refunds will be processed after the conference at the NZPsS or NZCCP offices.

Your conference fee includes

- Attendance at conference keynote and paper presentations
- Morning/afternoon tea and lunch
- Conference satchel and contents
- Access to the trade exhibition
- Complimentary drinks and nibbles at the welcome function
- Conference dinner (includes one complimentary drink)

Name badges

All delegates and speakers will be provided with name badges that have to be worn at all times within the venue. Your name badge will indicate that you have registered for the conference. Name badges will identify your name and affiliation as specified on your registration form. Day registrations will be identified by different colour name badges.

At the end of conference we are happy to recycle the plastic holders.

Conference Bags

We have chosen to use environmentally friendly conference bags. The bags have a lower carbon footprint than paper and are designed to be reusable, recyclable and reduce the use of plastics.

AGMs - Sunday 22 April

The NZPsS AGM will be held in Civic Suite 2 at 4.30pm

The NZCCP AGM will be held in Square Affair Suite 2 at 4.00pm

Institute of Educational and Developmental Psychology AGM will be held in Lion Harbourview Lounge 2 at 4.00pm

Institute of Community Psychology Aotearoa AGM will be held in Civic Suite 2 at 4.00pm

Institute of Clinical Psychology AGM will be held in Lion Harbourview Lounge 1 at 4.00pm

Institute of Criminal Justice and Forensic Psychology AGM will be held in Civic Suite 3 at 4.00pm

I/O Division AGM will be held in MFC Auditorium at 4.00pm

Institute of Counselling Psychology AGM will be held in Civic Suite 1 at 4.00pm

Institute of Health Psychology AGM will be held in Square Affair Suite 1 at 4.00pm

Awards - NZCCP - to be held Sunday 22 April, Square Affair Suite 2 at 4.00pm

Awards - NZPsS - to be held Sunday 22 April, Civic Suite 2 at 5.30pm

Book launch: *Ka Tū, Ka Oho*, - NZPsS - to be held Sunday 22nd 12.30pm, Renouf Foyer

Changes to the programme

Any changes to the programme will be announced to delegates where appropriate and displayed on notice boards located in the registration and exhibition area.

General Information for Delegates

Catering

Morning and afternoon tea and lunch will be served in the Renouf Foyer on the first floor in the MFC. Food is labelled as vegetarian, gluten/dairy free etc. Special dietary requirements will be labelled with the person's name. Please make yourself known to the kitchen staff.

Student assistants

Our student assistants can be easily identified by their bright yellow name badges. During the sessions they will help presenters to set up their powerpoints. Don't hesitate to approach them if you are looking for a room or need help with anything else.

Mobile phones

As a courtesy to other delegates, please ensure your mobile phone is turned off or in silent mode during all sessions and social functions.

Internet Access

There is an internet cafe area located in the Renouf Foyer. These computers are provided for general delegate use.

If you wish you can upload your presentation to slideshare (www.slideshare.net) from these computers.

Also, the Wellington CBD and waterfront has free WIFI. You should be able to access this in the venue.

Social Events

We look forward to seeing you at the following social events

Whakawhanaungatanga - Conference Welcome Function

Saturday 21 April from 6.30pm

To be held in the Renouf Foyer

Free for conference delegates, guest tickets \$40.00 available from the registration desk.

Keynote speakers, presenters and delegates are invited to meet up with friends and colleagues and enjoy complimentary drinks and nibbles at the Conference Welcome Function.

Conference Dinner

Sunday 22 April, 7.30pm

Amora Hotel, The Ballroom, level 6, Wakefield Street

The conference dinner provides an opportunity to enjoy good company over a relaxed evening meal, plus live music and dance with "Uncle Monkey"

Free for conference delegates, guest tickets \$85.00 available from the registration desk.

Keynote Speakers

David Barlow



David H. Barlow received his Ph.D. from the University of Vermont in 1969 and has published over 500 articles and chapters as well as over 60 books and clinical manuals, mostly in the area of emotional disorders and clinical research methodology. The book and manuals have been translated in over 20 languages, including Arabic, Chinese, Hindi, and Russian.

He was formerly Professor of Psychiatry at the University of Mississippi Medical Center and Professor of Psychiatry and Psychology at Brown University and founded clinical psychology internships in both settings. He was also Distinguished Professor in the Department of Psychology at the University at Albany, State University of New York. Currently, he is Professor of Psychology and Psychiatry, and Founder and Director Emeritus of the Center for Anxiety and Related Disorders at Boston University.

Keynote: *SCIENCE AND PRACTICE IN 2012 AND BEYOND*

Saturday 21 April 10.30am

For over sixty years in clinical psychology we have attempted to integrate science into practice for the benefit of the public. After a brief review of the progress we have made and the reasons for the emergence of evidence-based practice, we will consider current barriers to dissemination and implementation. These include the relative (in) efficacy of current psychological interventions, issues of comorbidity and heterogeneity of psychopathology, the uncertain role of common factors in treatments, a continuing emphasis on nomothetic rather than idiographic methodology, and emerging issues of implementation in clinical settings. The centrality of these issues to public health policy will dictate a marked shift in emphasis in both research and practice in the coming decade.

Pat Dudgeon



Professor Pat Dudgeon is an Indigenous Australian Psychologist from Bardi people of the Kimberley. Pat Dudgeon is well known for her role in Higher Education and in Indigenous Psychology. She was appointed as Head of the Centre for Aboriginal Studies at Curtin University in 1990 and led the organization through significant growth and change. Since then, it has maintained national leadership as an important provider in Indigenous higher education. As well as leadership in Indigenous higher education, she also has had significant involvement in Psychology and Indigenous issues for many years. She was the first Indigenous convenor of the Australian Psychological Society Interest Group, Aboriginal Issues, Aboriginal People and Psychology and has been instrumental in convening many conferences and discussion groups at national levels to ensure that Indigenous issues are part of the agenda in the discipline. She has many publications in this area and is considered one of the 'founding' people in Indigenous Psychology. Currently, she is the founding chair of the Australian Indigenous Psychologists' Association auspiced by the Australian Psychological Society. In 2009 she was recognised for her work in this field by being made a fellow of the APS.

Keynote: *Indigenous Australian Mental Health And Racism: There Could Be Cathedrals Of The Spirit As Well As Stone*

Saturday 21 April, 2.00pm

In 1977, Koori activist and scholar, Kevin Gilbert wrote about the impact of colonisation upon Australian Indigenous peoples: [Aboriginal and Torres Strait Islander people] were hit by the full blight of an alien way of

Keynote Speakers

thinking. They were hit by the intolerance and uncomprehending barbarism of a people intent only on progress in material terms, a people who never credited that there could be cathedrals of the spirit as well as stone. This presentation critically examines the role of psychology in colonisation and where the discipline has come over the last three decades of unprecedented social and political change. An overview of Indigenous mental health will be provided with a focus on the social determinants of health, particularly racism. Indigenous Australians face forms individual, institutionalised and cultural racism every day. This presentation comes from a position that research and practice in psychology has historically perpetuated inequities and racism in health and mental health. However, our discipline can be part of the solutions in the future. Considerable changes are required to bring about equity in the way that health and mental health care is provided for Indigenous Australians. Some changes can be immediate such as the provision of quality cultural competence training with the mental health workforce. This presentation will overview other changes, including paradigm shifts that auger well for inclusivity of the discipline.

Alan Fruzzetti



Alan E. Fruzzetti, Ph.D., is Associate Professor of Psychology and Director of the Dialectical Behavior Therapy and Research Program at the University of Nevada, Reno. His research focuses on the interplay between severe psychopathology and interpersonal processes (including couple and family interactions and therapist-client interactions, and their interplay with emotion dysregulation) and the development and evaluation of effective individual and family treatments for these problems. Dr. Fruzzetti is Research Director and a Member of the Board of Directors of the National Education Alliance for Borderline Personality Disorder and member of the Board of Directors of the International Society for the Investigation and Teaching of DBT. He has authored more than 75 research and clinical papers and book chapters, and two books, and is the

co-creator of the NEA-BPD Family Connections program, for parents, partners, and other loved ones of people with BPD.

Keynote: *Processes of Change in Dialectical Behavior Therapy*

Sunday 22 April, 8.30am

Dialectical Behavior Therapy (DBT) has been shown to be effective in treating BPD and related problems in dozens of studies, and is now the standard of care for BPD and related problems. Recently, DBT has been adapted to treat other serious problems that have been somewhat resistant to improvement, such as chronic depression, eating disorders, PTSD, and relationship problems, all with promising outcomes. Although emotion regulation is presumed to be a key mediator of successful outcomes, the processes of change in DBT that promote emotion regulation and lead to successful outcomes have just begun to be understood. This presentation will address a number of factors that are likely to be responsible for successful outcomes in DBT, and discuss the evidence behind each factor. This will include identifying patient processes (specific changes that patients make in the session that generalize to their lives, including mediators of outcome) and therapeutic processes (specific interventions of the therapist or treatment program that are connected both to mediators and to outcomes directly) that promote successful outcomes. Data from current mediational analyses and a current DBT therapeutic process study will be presented. Improved understanding of these factors may lead both to enhanced treatment outcomes and to improved process research that helps in the further refinement and improved effectiveness of DBT.

Keynote Speakers

Erana Cooper



Erana Cooper is a clinical psychologist and lecturer in Kaupapa Māori Psychology at The University of Auckland. Her tribal links are to Ngāti Hine and Ngāpuhi in the North of Aotearoa NZ. Her experience spans the areas of academic, research and professional practice, and she is passionate about advancing Māori development and initiatives. Erana teaches a broad range of material related to Māori perspectives and methods in mental health, clinical psychology, cultural competency and Kaupapa Māori research. Whānau mental health and wellbeing, child maltreatment and family violence, and clinical neuropsychology and neurorehabilitation with Māori are key areas of research and clinical interest. Erana was a Health Research Council Clinical Research Training Fellow while carrying out her doctoral research on intervention practices in whānau violence. She

is an active member of the National Standing Committee on Bicultural Issues (NSCBI) of the New Zealand Psychological Society, and also co-ordinates the Tāmaki Makaurau Māori Clinical Psychologists Network.

Keynote: *Tōku reo, tōku ngākau: Learning the language of the heart*

Sunday 22 April 1.00pm

In the profession of psychology in Aotearoa, there continues to be increasing attention paid to learning about “how to work with Māori”. But what does this really mean in practice? How do we best work with Māori, not only as practitioners, but also as colleagues and advocates for social justice and change? In keeping with the theme of the conference, this talk is about learning to “stand together”. It will explore the various aspects of engagement with Māori, including the notion of matching actions with awareness, understanding and knowledge. Psychological literature related to Māori experiences and understandings, and guidelines addressing cultural competence with Māori are available and accessible today in ways unheard of even just one decade ago. But have our practices caught up with our intellectual understanding? Or, put another way, have our hearts caught up with our minds? While there has been substantial growth in the profession, there exists evidence that “standing together” still remains difficult or challenging for many. In this talk I hope to weave together key ideas from the literature and experiences from the field in a way that will encourage psychologists to resist treating “standing together” as an academic exercise and instead explore the opportunities created by connecting.

Heather Gridley



Heather Gridley's career history as a humanities-based psychologist with a passionate commitment to social justice bridges the practitioner-academic divide. Her interest in community psychology stemmed from her work in community health in the 1980s, where she became aware of the limitations of interventions directed solely at individuals. Although her training was in counselling and clinical psychology, she became increasingly involved in the APS Board (now College) of Community Psychologists, and was national Chair from 2003-6. Heather is also an Honorary Fellow at Victoria University in Melbourne, where until recently she coordinated the postgraduate program in Community Psychology, and also taught History and Theories in Psychology at undergraduate level. Heather's teaching,

research and practice are based on feminist principles, and in 1995 she received the Australian Psychological Society's Elaine Dignan Award for significant contributions concerning women and psychology. She has served two terms on the APS Board, and is currently employed in the National Office as Manager (Public Interest), where she has responsibility for furthering the Society's contributions to the promotion and enhancement of community wellbeing, and enabling the development of clear APS positions on issues of public interest and social justice.

Keynote: *Psychology, science, spirituality and culture – harvesting the gifts of all our ancestors*

Keynote Speakers

Monday 23 April 10.00am

Histories of psychology traditionally link the discipline's scientific credentials to its Greco-Roman, Judaeo-Christian, western secular rationalist heritages, tracing its roots back to the ancient Greek philosophers, physicians and mathematicians – some with a list of names in an unbroken line, like the papal succession. Others focus on the world view that the relatively young discipline of psychology shares with these 'ancients'. But they mostly do so uncritically, taking the legacy as a gift, and failing to consider what was left out of the package in the development of these accounts – for example, Indigenous, esoteric/eastern and Islamic traditions, not to mention women. The grand narrative of the discipline's celebrated late nineteenth century infancy was interwoven with the triumphal march of industrialisation and colonisation. Psychology in Australia continues to be characterised by such discourses - it is difficult to identify a distinctive Australian psychology that reflects either the multicultural nature of post World War II Australian society or the ancient and living culture of its Indigenous people. In the past decade however, a number of groups and initiatives have emerged within the Australian Psychological Society that implicitly or explicitly invite us to reflect on the diversity of our profession and the communities we serve, and on our responsibilities towards those communities. This paper examines the role of spirituality and culture as considerations that cannot be excised from a contextualised science of human experience and behaviour. At the start of the 21st century, new paradigms are opening up spaces for multiple voices to claim legitimacy in our young-old discipline, and expanding psychologists' consciousness of their own history, belief systems and implicit paradigms. cause of psychosis and the latter explains how poverty is involved in its maintenance. Poverty is also a predictor of diagnosis and treatment selection, sometimes regardless of actual symptomatology. Evidence is also presented demonstrated that relative poverty may be an even stronger predictor of mental health problems, including 'schizophrenia', than poverty per se. Psychologists are encouraged to pay more attention to the psycho-social causes of their clients' difficulties, to the role of the pharmaceutical industry in perpetuating a narrow 'medical model' and, most importantly in the long run, to the need for primary prevention programmes.

John Weinman



John Weinman is Professor of Psychology as applied to Medicine at the Institute of Psychiatry, King's College London. In his research he has investigated the influence of psychological process on health, illness and health care delivery. The main focus of this has been on the ways in which patients' beliefs about their illness and treatment affect self-regulation and self-management across a wide range of major physical health problems. This work has also resulted in the development of a number of widely used measures and cognitively-based interventions, which have been shown to be effective in improving adherence to treatment, recovery and quality of life.

He has been instrumental in developing Health Psychology as a discipline and a profession within the UK and Europe, and was the founding editor of *Psychology & Health*: an international journal. He currently holds visiting professorships in Denmark and Ireland, and was recently awarded a lifetime achievement award and an Honorary Fellowship by the British Psychological Society. He is a Fellow of the European Psychological Society, the American Academy of Behavioral Medicine Research, and the Academy of Social Sciences.

Keynote: *Taking the Treatment : How can health psychology help?*

Monday 23 April 12.30pm

The problem of poor adherence to treatment and advice is now recognised as a major problem in healthcare. In this presentation, there will be an overview of health psychology research which has examined the nature and causes of adherence failure, as well as the potential which this evidence offers for developing effective interventions to facilitate adherence. Using the distinction between unintentional and intentional non-adherence, a range of psychological determinants will be examined. The main focus of the talk will be on the role of illness and treatment beliefs as key determinants of intentional non-adherence, and Leventhal's Self-Regulation model will provide the theoretical framework for this. In the final part of the talk, examples will be provided of successful intervention studies together with a discussion of key issues for future research.

Guest Speakers

Dione Healey

Dione Healey is a Senior Lecturer in the Department of Psychology, University of Otago. She completed her PhD and Diploma in Clinical Psychology at the University of Canterbury in 2006. She then was a Postdoctoral Fellow at Queens College (City University of New York) and joined Otago in 2008. Her major research interests are in ADHD in children, with a strong emphasis on prevention and neuro-cognitive processes. She is the recipient of the NZPsS Goddard Award for research excellence and an early career award from the University of Otago.

Guest address: Enhancing neurocognitive growth with the aid of games and exercise (Engage): A novel early-intervention fostering the development of preschoolers' self-control- Saturday 21 April at 5.30pm, MFC Auditorium

Background: Poor self-control in the preschool years predicts a wide array of adverse adult outcomes. This has prompted policy makers to consider implementing universal early-intervention programs fostering self-control. This study assessed the effectiveness of a novel early-intervention aimed at fostering the development of preschoolers' self-control, with the potential to be a universal intervention. Method ENGAGE (Enhancing Neurocognitive Growth with the Aid of Games and Exercise) involves parents and children playing prescribed games targeting self-control on a daily basis over a five-week period. Parent hyperactivity ratings on the BASC-2 were used to assess improvements in behavioral self-control and subsets of the Stanford Binet-5 and NEPSY-2 were used to assess improvements in cognitive control. Results: Significant improvements in hyperactivity were consistently maintained to the 12-month follow-up. Improvements were also found in two neurocognitive areas associated with self-control. Conclusions: ENGAGE shows promise as a novel intervention for developing preschoolers' self-control, and the nature of the intervention lends itself to universal implementation.

Julia Rucklidge

Julia Rucklidge, PhD (Calgary) is an Associate Professor of Clinical Psychology and co-Director of Clinical Training in the Department of Psychology at the University of Canterbury in Christchurch New Zealand. Her research interests include ADHD across the lifespan, early presentations of Bipolar Disorder, risk factors associated with young offending, and nutritional treatments for psychiatric disorders.

Guest address: From ADHD to earthquakes – the evidence for nutritional treatments for psychological symptoms - Sunday 22 April at 11.00am, MFC Auditorium

Micronutrients (minerals and vitamins) have been used for centuries for medicinal purposes but with the growth of effective pharmaceutical and psychological treatments in the 20th century, interest in natural remedies for the treatment of both physical and mental illness waned. This paper provides a background as to why using combinations of nutrients makes physiological sense, and then reviews the literature on the use of broad-based micronutrient formulas across a range of psychiatric and psychological symptoms. There will be a specific discussion of some of the preliminary evidence for using nutrients for the treatment of ADHD and mood disorders as well as some data collected after the Christchurch earthquakes on the use of micronutrients for the treatment of stress. This paper aims to stimulate the audience to think more openly about this treatment approach, evaluate the evidence, as well as to consider how psychologists might integrate such treatments in their practice.

Karen Salmon

Karen Salmon is Associate Professor of Psychology at Victoria University of Wellington, where she is Director of the clinical psychology training programme. Her PhD and clinical training were at the University of Otago. She had a distinguished career at the University of New South Wales before returning to New Zealand. Her extensive

Guest Speakers

publication record in developmental psychology focuses on children's cognitive and social understanding of the world, how parents influence this by means of their conversations with their children, and the implications for clinical intervention.

Guest address: Emotion competence in young children: Why it's important, how do we measure it, and what can we do to facilitate its development?- Sunday 22 April at 2.30pm, MFC Auditorium

Emotion competence, which includes emotional knowledge and understanding, is of central importance to the development of young children, with respect to self-knowledge, understanding the feelings of others, and pro-social behaviour in general. In this talk I will summarise my studies of emotion talk by parents and its benefits for children, describe recent work on different strategies for measuring emotion competence, and explain the role of formal learning experiences, particularly emphasising causal relations, on children's emotion competence.

Ian Lambie

Ian Lambie is Associate Professor at the University of Auckland, which he joined in 1990 after 10 years as a practicing clinical psychologist. He has extensive experience working with youth offenders, especially adolescents who sexually offend, children who deliberately light fires, and children displaying violent and antisocial behaviour. In 2001 Ian received the NZPsS Public Interest Award for his longstanding community work with adolescent sexual offenders and in 2006 he was awarded the Ann Ballin Award from the NZPsS for services to Clinical Psychology in New Zealand

Guest address: Youth offenders: Serious criminals or just nice guys? - Monday 23 April at 2.30pm, MFC Auditorium

I've spent 22 years working with youth offenders in many settings.....from offices to youth justice residences, in the wilderness, in family homes and so on. But what has this really taught me? Science tells us one thing, while common sense often another. We know that therapeutic relationships matter with clients but it's these kids its more crucial in opening the therapeutic door of change, yet often put in the "too hard basket for those more wise".

Many clinical psychologists will be reluctant to work in an area that is demanding both personally and professionally, and often that requires one to gets "their hands dirty" and drift between the landscape of being a psychologist, youth worker, mentor, social worker and so on. Yet the needs for this work in our society are considerable and the cost for doing nothing is enormous. I will give some different examples from a number of different areas of work with youth offenders (e.g., fire setters, sexually abusive and violent youth) that demonstrate the range of issues to be addressed and that it's the sometimes simple variables that sustain these kids engaging in treatment. I conclude by suggesting that in order to make serious progress in this area, clinical psychologists may have to contribute their knowledge and skills to political levels of service reform.

Opening Speaker

Professor Des Gorman



Des Gorman BSc MBChB MD (Auckland) PhD (Sydney)

Des Gorman is Professor of Medicine and Associate Dean in the University of Auckland's Faculty of Medical and Health Sciences and Executive Chairman of Health Workforce New Zealand.

Opening address: Towards a sustainable and fit for purpose health system in New Zealand

All of the OECD nations face an increasing mismatch between the demand for health services and both the ability to supply and to afford those services. The problem is in part due to the relative ageing of most communities and the concurrent retirement of the baby-boomer generation of healthcare providers. The consumption of healthcare by an increasingly anxious, well-worried, sick, middle class is additive.

A shift in planning logic to recognise the uncertainty of the future healthcare milieu is fundamental to addressing this conundrum and this requires real-time intelligence, the creation of a re-deployable healthcare workforce, an emphasis on general scopes of practice for 'slow to train and expensive to employ' healthcare workers, and service configurations and models of care that ensure that healthcare providers "work at the top end of their licence". Clinicians will need to lead disruptive innovations of those configurations and models. A significant shortcoming in clinician leadership capacity and inclination will be a barrier to this process, but the recent New Zealand experience in lifting surgical productivity, in nurse prescribing, and extended roles for pharmacists and physiotherapists, and of practice assistants, is encouraging.

There is also recognition that a slowing is needed in the rate of building, equipping and staffing new hospitals, which will only be possible if as much as is possible of current hospital-based healthcare is shifted sequentially into the community and into the home. This will be easier in New Zealand than in Australia because there is a common funder of primary and secondary/tertiary healthcare. Success in either country will be contingent upon the following. (1) An electronic shared care record is essential for any real primary-secondary integration. (2) Innovative models of care, and especially non-traditional transactional measures and e-health, will require new ways of funding and rewarding providers. Again, Australia has a special problem in this regard with respect to the 'reliance' on a fee-for-service system, which predictably results in relative over-servicing, is counter-innovative and is internally competitive and hence disruptive of teamwork. (3) In order to shift care out of hospital settings, there must be a diversified, fit-for-purpose and sustainable healthcare workforce. (4) Finally, and, most importantly, a greater engagement of 'consumers' is essential. A shift to real patient-centred care is being initiated in New Zealand through consumer-ownership of healthcare records and in advanced care planning.

WORKSHOPS, Friday 20th April

1/ 1.Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

David Barlow

2/ The Patient's Perception of Illness: theory, measurement and intervention

John Weinman

3/ Acceptance and Change in Dialectical Behavior Therapy: Promoting Skill Use and Skill Generalization in the Session

Alan Fruzzetti

4/ The Australian Psychological Society Reconciliation Action Plan: Taking a good hard look from across the Tasman

Pat Dudgeon, Heather Gridley, Linda Nikora, Ray Nairn

5/ Improving Understanding and Implementation of Mindfulness-integrated CBT

Bruno Cayoun

See page 63 for full workshop descriptions

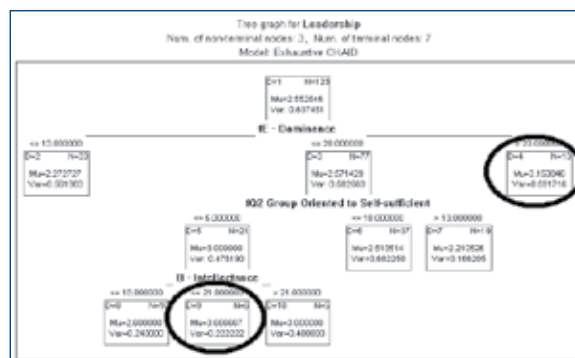
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SATURDAY 21st APRIL 8.00am - 2.00pm

8.00am	Registration Desk Opens - Michael Fowler Centre groundfloor					
9.00am	Welcome & Mihi Whakatau; MFC Auditorium; Opening Address: Des Gorman					
10.00am	Morning Tea					
10.30am	Keynote Speaker: David Barlow: <i>Science and Practice in 2012 and beyond</i> - MFC Auditorium					
	MFC Auditorium	Lion Harbourview Lounge 1	Lion Harbourview Lounge 2	Civic Suite 1	Civic Suite 2	Civic Suite 3
	Neuropsychology Chair: Fiona Kennedy	Counselling Psychology Symposium Chair: Mark Thorpe	Positive Psychology Symposium Chair: Paul Jose	Industrial/Organisational Chair: Crispin Garden-Webster	Adult Clinical Chair: Deb Moore	Educational/Developmental Chair: Peter Coleman
11.30am	Long Term Cognitive Outcomes of ECT: Quantitative and Qualitative Perspectives Kiri Luther	1. Postmodern principles in postgraduate Counselling Psychology training in NZ Dr Elizabeth du Preez 2. CBT and Existentialism: Oxymoron or perfect partnership? Dr Jackie Feather 3. The Contributions of Counselling Psychology to Clinical Supervision Dr Bill Farrell	1. Flourishing with savoring strategies Erica Chadwick 2. Do increased levels of wellbeing lead to increased levels of resilience in adolescents? Paul E. Jose 3. Psychological interventions and technology-assisted follow-up measures to increase and maintain resilience to stress Gaynor Parkin	When East meets West: Applying psychological ownership in the Chinese work context Tian Li	Sleepless worry or worried sleepless: outcomes of a group CBT intervention for anxiety and insomnia Fernanda de la Mottein	Opening a Can of Worms Roxie Hanes & Carina Conradie
12.00pm	Too soon? Secondary prevention work with families one week post-stroke Dryden Badenoch			Longitudinal study on leader-member exchange quality and counterproductive work behaviour across New Zealand and Thailand Prapimpa Jarunratanakul	What if he/she has sub clinical Asperger's Syndrome? Some common issues in individual and couple therapy Marijke Batenburg	Professional Practice, Educational Psychologist and RTLB Robyn Stead
12.30pm	Family-Focused Therapy Following Traumatic Brain Injury Kessiah Hunt			Does the positive side of combining work and family increase employees's satisfaction? A Malaysian study Ruhaya Hussein	Working Therapeutically with Adults with ASD Tanya Breen	Life Review in Scottish Ninety Year Olds from the Lothian Birth Cohort 1921: Hilary Lapsley
1.00pm	LUNCH					
						Mindfulness Symposium Chair: Philippa Thomas
						1. Introduction to 2012 Mindfulness Symposium Philippa Thomas & Sue Dykes 2. The differential effects of three mindfulness techniques: Mindfulness of breath, body-scan and everyday mindfulness Marise Fallon 3. The clinical application of mindful Hatha Yoga Brigitte Sisting

SATURDAY 2.00PM - 6.30PM

Keynote Speaker: Pat Dudgeon: Indigenous Australian Mental Health And Racism: There Could Be Cathedrals Of The Spirit As Well As Stone - MFC Auditorium						
2.00pm	Neuropsychology continued	Counselling Psychology continued	Positive Psychology Symposium cont.	IO continued	Adult Clinical continued	Educational/Developmental cont.
3.00pm	Mobile Technology in the Rehabilitation of Older Adults Duncan Babbage	4. Qualitative research as an adjunct to the therapeutic training of counselling psychologists Mark Thorpe	4. Building Resilience in New Zealand Psychologists Katie McCormick 5. The GROW Project: Building the world's largest and most in-depth psychological study. Aaron Jarden	Supervisor Work-Family Support and Employee Wellbeing: A Study of Māori Employees David Brougham	The process of whakapapa (geneology) exchange in therapy with Māori women Arna Mitchell	ASD professional development for psychologists working across New Zealand - an initiative by Altogether Autism Tanya Breen (PeArLS)
3.30pm	Portrayals of Concussion in the 2011 Rugby World Cup Natasha Bauer			The Work-Family Interface and Job Burnout amongst Māori Employees: The Role of Resilience Jarod Haar	"I hear voices": The establishment of a Hearing Voices Group in an adult inpatient setting and the role of the psychologist Clare Couch	4. Using mindfulness as a base for building self-compassion Gerard Pauley 5. The validity, reliability and factor structure of the Mindfulness-based Self-Efficacy Scale Bruno Cayoun
4.00pm Afternoon Tea						
	Neuropsychology continued	Coaching (CPSIG) Symposium Chair: Sam Farmer	Symposium - Symptom Validity Chair: Janet Leatham	Bicultural Stream Chair: Michelle Levy & Moana Waitoki	Adult Clinical continued	Educational/Developmental cont.
4.30pm	The Clinical Utility of the ACE-R versus the MMSE and 3MS Heidi Strauss	1. Assessment use in Workplace Coaching Paul Wood 2. Social comparison and the Development of Meaning in Coaching Steve Dakin 3. Performance versus Insight in coaching Jeanne Jackman Panel discussion: Where to from here: future directions for coaching psychology	1. Can Psychopathology Profiles Help Detect Self-Report Bias in the Prediction of Criminal Behaviour? Morgan Sissons 2. Exaggerating malingerer: Thoughts about the assessment of symptom validity in chronic pain Malcolm Johnson 3. The Utility of Considering and Commenting on Symptom Validity as a Routine Component of Clinical Practice in the Forensic Field Erin Eggleston	1. Does Hauora Māori Competence Make A Difference? Leona Manna 2. 'This is my Ideal Lifestyle:' How elder Māori living on the East Cape understand a good life. Liz Butcher 3. Rules of Engagement Celeste Barcham 4. Māori adaptation of a low intensity mental health intervention in primary care Fiona Mathieson	Working with Cognition in the treatment of Anorexia Nervosa Working with Cognition in the treatment of Anorexia Nervosa Emma Sutich & Kirsty Williams Does non-suicidal self-injury function primarily as a form of affect regulation within Aotearoa/New Zealand? Robyn Langlands Facing Fears: Social cognition and psychopathy with high-risk offenders Armon Tamatea A journey beyond the bars: Participants' experiences of psychological TX in a prison setting Damion Terrill	6. Awakening the Mindful Teacher - possibilities for training in New Zealand Marijke Batenburg & Lisa Markwick - 1 hr 7. Panel discussion Presenters chaired by Philippa Thomas 8. Where to from here? (Philippa Thomas) & mindfulness practice (Sue Dykes)
5.00pm						
5.30pm	Guest Speaker: Dione Healey Enhancing Neurocognitive Growth with the Aid of Games and Exercise (Engage): A Novel Early-Intervention Fostering the Development of Preschoolers' Self-Control					
6.00pm						
6.30pm Whakawhangaungatanga (complimentary drinks and nibbles)						

SUNDAY 22 APRIL 8.00am - 12.00pm

8.00am Registration Desk Opens - Michael Fowler Centre groundfloor

8.30am Keynote Speaker: Alan Fruzzetti: *Acceptance and Change in Dialectical Behavior Therapy: Promoting Skill Use and Skill Generalization in the Session - MFC Auditorium*

9.30am Morning Tea

	MFC Auditorium	Lion Harbourview Lounge 1	Lion Harbourview Lounge 2	Civic Suite 1	Civic Suite 2	Civic Suite 3	Square Affair Suite 1	Square Affair Suite 2
10.00am	EBSCO Olivia Beattie	Parenting Symposium Chair: Ian Evans 1. Introduction: Ian M. Evans 2. Supporting parents to be good enough. Lucia King 3. What is it that makes challenging behaviour challenging to parents? Jessica Reilly 4. Busting the Cinderella myth: How stepfamilies negotiate fairness. Celia Falchi 5. Essential social capital: Supporting foster parents Bernice Gabriel 5. Fathers as carers and protectors: Does priming the evolutionary role of the father increase or decrease punitiveness? Kayla Mackie 6. Discussion: Clare Couch	Health Psychology Chair: Iris Fontanilla Family / Whanau Communication in Paediatric Palliative Care Erin Gaab A New Zealand pilot study of the efficacy of an internet based CBT intervention (MSInvigor8) for multiple sclerosis fatigue Kirsten van Kessel	Innovations in Practice Chair: Muriel Christianson Clinical experiences in using mobile phones in therapy and rehabilitation Duncan Babbage (PeArLS) Computer Scoring and Norms for the Young Schema Questionnaire: A Computer Program John Dugdale New Boundaries: Practical Applications of the principles of biofeedback and psychophysiology to extend everyday clinical effectiveness Tom Neser	Clinical Adult Chair: Kiri Luther Reliability in the Consulting Room Susan Alldred Lugton Traps For The Unwary In A Difficult Interprofessional Case Geraldine Keith & Tony Taylor		Workshop Chair: Elliot Bell	Strengthening Communities Chair: Rose Black Contributions to individual, family and community wellbeing from family-focused literacy education in communities: Jane Furness Inequality in the regions: A window on Waikato Poverty Rose Black How are we to Change Behaviour so that our Settlements Become Increasingly Sustainable? Marg O'Brien Is there a Role for Psychologists to Work on Environmental Issues? Marg O'Brien (PeArLS)
10.30am								
11.00am								
11.30pm								

12.00pm LUNCH/12.30pm Book launch: Ka Tū, Ka Oho

SUNDAY 1.00pm - 6.00pm

Keynote Speaker: Erana Cooper: <i>Tōku reo, tōku ngākau: Learning the language of the heart</i> - MFC Auditorium										
1.00pm										
2.00pm	ACC Presentation Kris Fernando & Gaylia Powell	The Impact of Traumatic Brain Injury on Developmental Functioning in Children: Mild TBI at Home and School Rosaling Case	Health Psychology continued Tranplantation and Implantation (PeArLS) Liz Painter – <i>Playing God: Selection of suitable patients. The relevance of adherence for improved Quality of Life and Long Term Survival</i> • Iris S. Fontanilla - <i>What now? Getting on with life following transplantation and implantation</i> • Georgina Shakes - <i>Donors and Carers: Vital Roles</i>	Bicultural Stream Chair: Michelle Levy & Moana Waitoki <i>Talking Racism in Aotearoa: A discourse analytic study of self perceived racism against Māori</i> Sylvia Pack	Clinical Training Chair: Kiri Luther <i>Selecting clinical psychology students: Some preliminary data</i> Jo Thakker	Family Court Report Writer Symposium Chair: Fred Seymour 1. Implications from the Review of the Family Court for psychologists Fred Seymour & Suzanne Blackwell 2. What do they really think? Court professionals' and parents' perspectives on Expert Reports in the Family Court. Jan Pryor 3. Post separation shared care arrangements for babies and children aged younger than four years Dianne Cameron and Suzanne Blackwell	Workshop contd.	Strengthening Communities cont.	<i>Addressing disasters: A novelty for orthodox practitioners and researchers in psychology</i> Tony Taylor	
2.30pm	Guest Speaker: Karen Salmon <i>Emotion competence in young children: Why it's important, how do we measure it, and what can we do to facilitate its development?</i>	"Where Did I Park My Car?" How do Older Adults Cope With a Diagnosis of Mild Cognitive Impairment Alison McKinlay (PeArLS)		<i>Reflective Journey of Migrants of Asian Descent in Aotearoa: Thoughts after learning the Treaty of Waitangi.</i> Saburo Omura	<i>Use of the Outcome Questionnaire-45 in a Psychology Training Clinic</i> John Fitzgerald			<i>New Zealand Psychology Students Investigate Social Attitudes: A Modern Replication Of Milgram's "Lost Letter" Study</i> Rhoda Scherman		
3.00pm			<i>Attitudinal Changes following LapBand Surgery for Obesity</i> Angela McNaught	<i>Engagement with Māori: Using our heads and hearts</i> Ingrid Huygens						
3.30pm	Afternoon Tea									
4.00pm	I/O Division AGM	Institute of Clinical Psychology AGM	Institute of Educ. & Dev. Psychology AGM	Institute of Counselling Psychology AGM	Institute of Community Psychology Aotearoa AGM	Institute of Criminal Justice Psychology AGM	Institute of Health Psychology AGM	NZCCP AGM		
4.30pm - 6.00pm								NZPSS AGM & Awards		
7.30pm	Conference Dinner - AMORA HOTEL									

MONDAY 23rd APRIL 8.00am - 12.30pm

8.00am Registration Desk Opens - Michael Fowler Centre groundfloor							
8.30am The Psychologists Board Presentation - Michael Fowler Centre Auditorium							
9.30m <i>Morning Tea</i>							
10.00am Keynote Speaker: Heather Gridley: <i>Psychology, science, spirituality and culture – harvesting the gifts of all our ancestors- MFC Auditorium</i>							
	MFC Auditorium	Lion Harbourview Lounge 1	Lion Harbourview Lounge 2	Civic Suite 1	Civic Suite 2	Square Affair Suite 1	Square Affair Suite 2
	Working with Refugees Chair: Fred Seymour	Process Issues in Psychological Treatment Chair: Karen Kyne	Health Psychology: Chair: Iris Fontanilla	I/O Chair: Crispin Garden-Webster	Research Methods Chair: Neville Blampied	Reflection on Depression Chair: Cheryl Woolley	Child and Family Chair: Clive Banks
11.00am	1. Refugee Youth Experience of Mental Health Services in New Zealand Chaykham Smith 2. Refugee Children Resettlement into New Zealand Society Caroline Judson 3. Refugee Family Reunification, Mental Health and Resettlement Outcomes in New Zealand Chaykham Smith	Thinking About Transference and Countertransference from Cognitive Perspectives Claire Cartwright	Injury from the Christchurch Earthquakes: improving the ACC response Peter Jansen	Inter-generational Differences: Popular myth or psychological sense? Barbara Kennedy	1. Methodology as a Key to Reforming Psychology's Research Methods Curriculum Brian Haig 2. OOM not Doom: A Novel Method for Improving Psychological Science. Bradley D Woods 3. Why is Psychology Such an Average Science? Neville M Blampied Discussant: Ian M Evans	1. Reflections on Depression Hilary Bradley 2. Depression, Anxiety, and Stress in the transition to motherhood Anita Darrah 3. Late Life Depression and Memory Melanie Holdaway	Youth Gang Membership: Factors influencing and maintaining membership Sarah Campbell The Reemergence of Family Therapy in Aotearoa/New Zealand Ruth Gammon (PeArLS) The Mental Health and Parenting Practices of Recently Separated Parents Kirsten Ritchie
11.30am		Empathy in Medical Care Jessica Ogle	Photos on Facebook: Their Role in Friendship and Drinking Cultures for New Zealand Young Adults Anna Tonks	Testing a Cultural Inclusion Dimension towards Job Outcomes: The Mediating Effects of Perceived Organizational Support David Brougham			
		Supervision across professions: Results of a survey of Psychologists and Social Workers practicing interprofessional supervision in Aotearoa New Zealand Fiona Howard	Memory Service, not Memory Clinic: the need for psychological leadership Dryden Badenoch	The psychology of strategic/managerial decision making Luke Strongman			
12.00pm							
12.30pm Keynote Speaker: John Weinman: <i>Taking the Treatment : how can health psychology help? - MFC Auditorium</i>							

MONDAY 1.30PM - 4.00PM

LUNCH and Farewell						
1.30pm						Child and Family cont.
2.30pm						Human Resource Implications of an NGO Parenting Assessment Bill Shaw
3.00pm						Factors that Affect Psychological Well-Being in a New Zealand Sample of Maltreated Children Sarah Wolstenholme
3.30pm						
4.00pm	Conference finishes					

Posters

Posters will be displayed in the Renouf Foyer for the entire conference

Poster Board 1

Deception Detection and Emotion Recognition Abilities of Therapists

Alexa A Curtis

Poster Board 4

When the 'Rosy View' Turns Blue: Dysphoria Flattens the Cognitive Profile of Happiness

Natalie Kladnitski

Poster Board 2

Association of Vitamin D Status and Depression Scores in a Non-Clinical Sample

Maria A Polak

Poster Board 5

Do Existing Psychological Treatments Match Current Models of Insomnia?

Fernanda de Lacerda Mottin

Poster Board 3

The Psychology of Earthquake Stress Cardiomyopathy, Non-Cardiac Chest pain and Myocardial Infarction

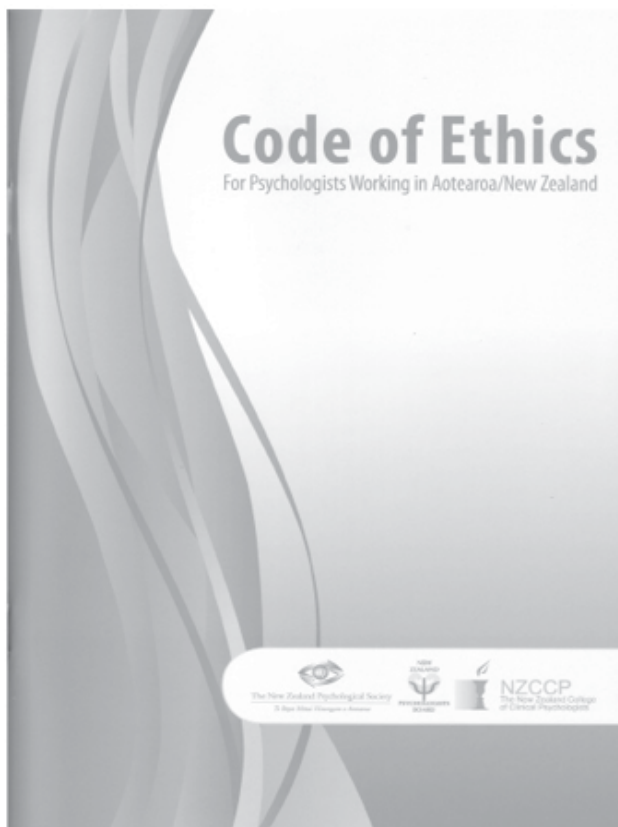
Julie Zarifeh

Poster Board 6

Evaluating the Role of an Online Blog to Enhance Self-Reflective Practice for CBT Trainees

Samantha Spafford

Poster abstracts are on page 61-62



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see their presentation abstract on page 47



The Psychologists Board

The Psychologists Board is, in accordance with the responsibilities and functions defined in the HPCA Act, the body mandated to oversee the training, registration, continued

competence and conduct of psychologists in New Zealand. The principal purpose of the HPCA Act is “to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.”

The Board is directly accountable to the Minister of Health in his or her role as the guardian of the health and safety of the public. This orientation of the Board can be contrasted with other professional organisations such as the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists which represent the interests of their psychologist members. Although the Board may guide the profession, their primary mandate is the protection of the public.

Contact: Phone: +64 4 471-4580, email: info@nzpb.org.nz

see their presentation abstract on page 53

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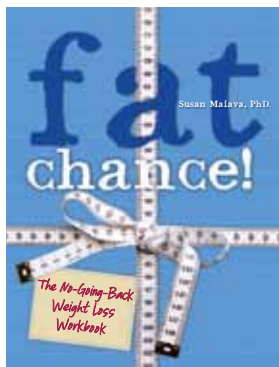
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Evaluating Neuropsychological Interventions

to optimise impact and measure outcomes.

Professor Barbara Wilson, OBE

Former Senior Scientist, MRC Cognition and Brain Sciences Unit, Cambridge
Founder of the Oliver Zangwill Centre for Neuropsychological Rehabilitation, Cambridge

Professor Barbara Wilson is a foremost authority on Neuropsychological Rehabilitation from the UK. She has published 18 books, over 260 articles and book chapters, and 8 neuropsychological tests. She is editor in chief of the journal Neuropsychological Rehabilitation. During her career Professor Wilson has been instrumental in inspiring and guiding clinicians to publish their work. She will lead this workshop exploring practice-based research approaches to inform rehabilitation and evaluate our practice and outcomes.

Friday 25th May, 9:30am-4.30pm

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The New Zealand
Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa



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Programme & Abstracts, Saturday 21st

DISCLAIMER

Abstracts are presented in the form they were submitted and have not been modified by the programme committee.

8.30am - 6.30pm	Registration
10am - 6.30pm	Exhibition
9am - 10am	Powhiri
10am	Morning Tea
10.30am	Keynote Speaker
11.30am-1.00pm	Symposia
1.00pm	Lunch
2.00pm	Keynote speaker
3.00pm - 6.30pm	Symposia
4.00pm	Afternoon Tea
6.30pm	Whakawhanaungatanga

Morning 11.30am- 1.00pm

Neuropsychology

Chair: Fiona Kennedy

11.30am - MFC Auditorium

11.30am

Long Term Cognitive Outcomes of ECT: Quantitative and Qualitative Perspectives

Kiri Luther, School of Psychology, Massey University - Wellington

Janet Leatham, School of Psychology, Massey University - Wellington

Steve Humphries, School of Psychology, Massey University - Wellington

The current research utilised both quantitative and qualitative methods to investigate the cognitive functioning reported by a group of 19 people who had received ECT over two years previously. Hypotheses were 1) scores on the Rey Complex Figure Test (RCFT), Rey Auditory Verbal Learning Test (RAVLT) and Autobiographical Memory Inventory (AMI) would be below the age matched norms, 2) the Montreal Cognitive Assessment (MoCA) would be more sensitive to cognitive deficits than the MMSE, 3) using Interpretative Phenomenological Analysis participants

would report a higher degree of difficulty with their memory than what was identified by the objective assessment measures. Findings did not confirm hypothesis 1 except for the RCFT, partially confirmed hypothesis 2, with the MoCA marginally more sensitive than the MMSE and confirmed hypothesis 3 with participants reporting more subjective complaints than were identified by the objective measures. Future research should focus on a larger sample size, assessment with a current ECT population, and the development of a qualitative assessment measure.

K.Luther@xtra.co.nz

12.00pm

Too soon? Secondary prevention work with families one week post-stroke

Dryden Badenoch, Relaxed Therapy

A stroke patient's hospital stay is an opportunity for family education regarding the likely emotional impact of the stroke and the need for both psychological and practical self-care. The Stroke Carer Education Course is a ward-based education and discussion forum for current in-patients' families, whose increased risk of vascular disease may not be addressed by patient-focussed physically-oriented rehabilitation. Contrary to ward staffs' expectations, soon after admission families are receptive to and welcoming of information about long-term management and coping. The Course also provides an introduction to psychological services and a more positive context for subsequent referral than "failure to cope". Secondary prevention of vascular disease -- and of the psychological trauma associated with the disease -- can be facilitated by family-focussed education in the first few days after admission.

dryden.badenoch@mac.com

12.30pm

Family-Focused Therapy Following Traumatic Brain Injury

Kessiah Hunt, University of Auckland

Professor Fred Seymour, University of Auckland

Associate Professor Suzanne Barker-Collo, University of Auckland

Traumatic brain injury (TBI) not only impacts the survivor, but also the family. Unhealthy family functioning, caregiver burden and psychological distress amongst family members are common. This study evaluated a family-focused intervention for TBI survivors and their families. Measures of anxiety and depression, caregiver burden, and family functioning were employed pre- and post-intervention, and at 2-month follow-up. Common themes in the description of the impacts of TBI on family members were identified. These included changes in family roles, adjustment to challenging behaviours, grief, adjusting to identity change, and an absence of talking about the TBI and its impact on the family. A range of interventions were employed including those from narrative, behavioural and family therapy. Results indicate that family-focused therapy can be

Programme & Abstracts, Saturday 21st

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effective, and that a range of interventions are appropriate given the variation between families in the impact of TBI and in family adjustment.

khun024@aucklanduni.ac.nz

Institute of Counselling Psychology Symposium: The Developing Paradigm of Counselling Psychology in New Zealand

Chair: Dr Mark Thorpe

11.30am - Lion Harbourview Lounge 1 (MFC)

11.30am

Postmodern principles in postgraduate Counselling Psychology training in NZ

Dr Elizabeth du Preez – AUT

During the past decade mental health services in NZ have been challenged to stay relevant to contextual demands inherent to NZ society. The training of psychologists plays an essential role in addressing these challenges and the application of postmodern principles in training offer an exciting alternative for facilitating the changes that are required. The aim of this presentation is to offer guidelines for creating training contexts that could contribute to the personal and professional development of counselling psychologists in ways that are relevant to the NZ landscape they work in. These include a repositioning in the trainer/student relationship and using externalising language practices to facilitate the collaborative co-construction of knowledge production through a critical engagement with the learning material. Evaluation on post graduate level are conceptualised as a process based rather than an outcome based activity.

edupreez@aut.ac.nz

12.00pm

CBT and Existentialism: Oxymoron or perfect partnership?

Dr Jackie Feather – AUT

The new paradigm of counselling psychology in Aotearoa/ New Zealand is developing in response to the contexts in which interns and newly graduated counselling psychologists find themselves, the populations with which they are working, and the problems or issues their clients bring. The training programme in counselling psychology at AUT University provides a broad brush stroke through all the main therapeutic approaches, but the main models taught are CBT and Narrative therapy. Internationally, counselling psychology has a mandate for working with existential issues, and the experience of our AUT interns suggests that local counselling psychologists frequently encounter clients facing an existential crisis. Having been trained in CBT, our interns and new graduates are finding

ways of using it within a broader framework to address these kinds of issues, supported by the postmodern thinking of Narrative therapy. It is early days, but this presentation will endeavour to describe this newly developing model, supported by a few case illustrations.

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12.30pm

The Contributions of Counselling Psychology to Clinical Supervision

Dr Bill Farrell - Psychologist and Psychotherapist, Private Practice, Mt Eden, Auckland

Clinical supervision and applied psychology have not always been natural partners. When the British Psychological Society began their registration of applied psychology in the late 1980's through the implementation of Chartered Psychologist status, a Chartered Psychologist was defined as one 'able to work without supervision'. Since that time, there have been various pressures throughout the world on professions to be more accountable (not all of it productive), and those engaged in therapeutic work have come to recognise for themselves the value for sustainable practice of a structured reflective space. In this paper, I highlight some of the particular contributions that the practice tradition of counselling psychology can make in this context, not least because of its core focus on the therapeutic relationship, and its scientific evidence. This highlighting will include discussion of theoretical notions, including parallel process, as well as experiences from my own clinical and supervisory work.

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Positive Psychology Symposium

Chair: Assoc. Prof. Paul Jose

11.30am - Lion Harbourview Lounge 2 (MFC)

11.30am

Flourishing with savoring strategies

Erica Chadwick (PhD Candidate and Intern Psychologist)

Savoring strategies are thoughts and behaviours that individuals implement to engender and react to positive experience. Savoring directly predicts feeling good and functioning well, in other words, flourishing. Savoring also moderates and mediates the relationships between everyday positive events, feeling good, and functioning well. The general structure of savoring appears similar between adolescents and adults; however, age differences exist for the relationships between savoring and flourishing. Similarities and differences in how individuals savor are discussed in relation to positive mental health interventions and understanding the association between savoring and flourishing.

Erica.chadwick@vuw.ac.nz

12.00pm

Do increased levels of wellbeing lead to increased levels of resilience in

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adolescents?

Paul E. Jose (Associate Professor, Victoria University of Wellington)

Olivia Notter (PhD candidate, Victoria University of Wellington)

Fredrickson's "broaden-and-build" theory suggests that happier people become more competent and resilient over time. Using a longitudinal dataset of about 1,700 adolescents followed over three time points separated by one year each, we found evidence to support the contention that wellbeing at an earlier point in time predicted increases in resilience subsequently. Further, we identified three mediating variables: well-being led to decreases in rumination, avoidance, and low self-confidence, which in turn led to an increase in resilience. These results suggest that efforts to increase general wellbeing in adolescents may provide a protective function for adolescents, allowing them to weather difficult periods more effectively.

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12.30pm

Psychological interventions and technology-assisted follow-up measures to increase and maintain resilience to stress

Gaynor Parkin (PhD candidate and Teaching Clinician, Victoria University of Wellington)

The costs to individuals and organisations from stress are high. Stressed-out employees are more likely to miss work, both as a coping mechanism and due to health-related problems. Lost productivity and replacement costs make absenteeism a costly consequence of work stress. Stress also impacts on an individual's family life and personal wellbeing. Given rapidly changing organisational environments, and the need for individuals to manage and cope with uncertainty, there has been strong organizational interest in how best to foster resilience to stress and change. Research has identified a number of coping strategies that are more common amongst resilient individuals. These include regular use of optimism, positive emotion, cognitive reframing and maintaining strong personal relationships. In this presentation an outcome evaluation study of a resilience training program will be described. The study will investigate the impact of resilience training against a variety of individual and organizational measures. The study will also measure the impact of several technology-assisted follow up measures to assess how best to assist the transfer of learning and practice of skills from the training to daily life.

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Industrial Organisational Psychology

Chair: Crispin Garden-Webster

11.30am - Civic Suite 1 (TH level 2)

11.30am

When East meets West: Applying psychological ownership in the Chinese work context

Tian Li, School of Psychology/The University of Waikato

Psychological ownership measures employee's psychological investments in a target of ownership. Antecedents and consequences of applying psychological ownership within the Western work context that have been tested and discussed in depth. However, few researches were focused on supervision behaviour, and how this behaviour impacts on subordinates' feelings towards their jobs and organizations within the context of Chinese cultures. This research is designed to address how a Western theoretical model be influenced by Chinese cultural characteristics. This study investigated the relationships between supervisor-subordinate guanxi, perceived control and psychological ownership of job/organization. In order to discover the impact of guanxi on feelings of psychological ownership and perceived work control among Chinese employees. Research participants were 753 employees from diverse occupational groups across 12 Chinese organizations in China. This research shows how managers/supervisors to develop personal relationship with their subordinates through work, how such a personal relationship increases the subordinates' feelings of ownership toward the organisations, and how supervisor-subordinate guanxi relates to individuals' work outcomes. This research provides a detailed analysis of supervisor-subordinate guanxi process, which significantly contributes to theoretical knowledge in this field.

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12.00pm

Longitudinal Study on Leader-Member Exchange Quality and Counterproductive Work Behaviour Across New Zealand And Thailand

Prapimpa Jarunratanakul, PhD student in the School of Psychology, the University of Waikato

As value differences have been found between the Western and Asian countries, leader-member exchange (LMX) might yield a strong influence on employees' behaviours in a relationship oriented society. Studies looking at LMX as antecedent, justice as mediator and counterproductive work behaviour (CWB) are quite rare. The current study aimed to explore the importance of LMX and organisational justice in minimizing harmful CWB among New Zealand and Thai employees using a self-report online survey with two data collection points separated by a six month interval. Longitudinal regression analyses provided a support for partial mediation effects of interpersonal justice in the relationship between LMX-Contribution and CWB for the Thai sample. No significant mediation effect was observed for the New Zealand sample. Predominately, CWB was predicted by LMX-contribution for both samples. This indicates

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that the influence of LMX on employees' attitudes and behaviours was more pronounced in a relationship oriented society like Thailand.

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12.30pm

Does the Positive Side of Combining Work and Family Increase Employees's Satisfaction? A Malaysian Study

Ruhaya Hussin, Department of Psychology, University of Waikato

Work and family have always been interdependent and become the foundation of employees' lives. Therefore, the present study was interested in examining the roles of different dimensions of work-family facilitation (affective-, behaviour-, and value-based work-to-family facilitation and family-to-work facilitation) on the relationships between work-family conflict (time-, strain-, and behaviour-based work-to-family and family-to-work conflict) and satisfaction (job, family, and life). A total number of 732 Malaysian female employees completed a survey. Confirmatory factor analyses were conducted to validate the measures used, and followed by hierarchical regression analyses to test the relationships between variables under study. Results showed that certain dimensions of work-family facilitation moderated the relationship between work-family conflict and satisfaction. Hence, there is a need for researchers to consider the dynamic of work-family variables in future work-family studies. Some aspects of Malaysian cultural norms and values are also discussed in relation to the findings. Keywords: Psychology, work-family facilitation, satisfaction.

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Clinical Adult

Chair: Deb Moore

11.30am Civic Suite 2 (TH level 2)

11.30am

Sleepless worry or worried sleepless: outcomes of a group CBT intervention for anxiety and insomnia.

*Fernanda de Lacerda Mottin, Massey University
Duncan Babbage, PhD, Massey University
Prof. Philippa Gander, Sleep/Wake Research Centre, Massey University
Prof. Janet Leathem, Massey University*

Background: Insomnia goes largely untreated despite its negative impact on quality of life, health, work, and societal costs. Despite the high co-occurrence of insomnia and anxiety, anxiety is rarely specifically targeted in insomnia treatments. Aims: To investigate the effectiveness of a cognitive-behavioural group therapy for anxiety and insomnia; to determine whether the order of anxiety and insomnia treatments was influential. Methods: Participants suffering chronic insomnia and subclinical anxiety received

treatment first for insomnia and then for anxiety, or the reverse. Within- and between-subjects analysis were performed. Results: At follow-up both interventions had large effect sizes in measures of insomnia severity, sleep efficiency, dysfunctional sleep beliefs, and quality of life, and medium effect sizes in the area of stress. Treating anxiety first produced additional gains in comparison to treating insomnia first. Discussion: Anxiety treatment can be effective in reducing insomnia. The most effective treatment package would specifically address both anxiety and insomnia.

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12.00pm

What if he/she has Sub Clinical Asperger's Syndrome? Some Common Issues in Individual and Couple Therapy.

Marijke Batenburg, Mindful Psychology

The recognition of adults with AS traits is gaining more attention. They are more than likely to present with a subclinical profile of AS particularly when they have encountered a significant life change. It is more than likely that as a therapist you have seen individuals and couples on the spectrum - high functioning, intelligent, and a social history of misunderstandings and being misinterpreted with symptoms of either anxiety and depressed mood. Dr Attwood describes these people as having Asperger's personality traits. Partners of those with AS, may present feeling lonely and perplexed by the clear decrease over time, in intimacy. Being aware of and assessing these characteristics is too rarely discussed. This session offers an understanding of Adult Asperger's syndrome, the sub clinical profile and the effect on partners/family members. Identifying problematic differences and using a strength-based process is one approach that can enhance the quality of life of these adults.

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12.30pm

Working Therapeutically with Adults with ASD

Tanya Breen, Altogether Autism

Autism spectrum disorder (ASD) affects more than 40,000 New Zealanders, most being undiagnosed adults. Unlike the stereotype of the self-absorbed autistic child, many of these adults live independently, work, and are in relationships. Some are married, many are parents. People with ASD seek (or are referred for) psychological services through all entry points, and are not confined to child development services. Consequently psychologists need to know about ASD, how to work therapeutically with this group, and when/where to refer on. In this paper Tanya will identify signs and signals of possible ASD in adults presenting for assessment or therapy, and outline when and how to clarify diagnosis. However the main focus will be on therapeutic techniques and adaptations, including ASD networks and support

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systems. Sources of further information and training for psychologist will also be identified.

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Educational/Developmental Psychology

Chair: Peter Coleman

11.30am - Civic Suite 3 (TH level 2)

11.30am

Opening a Can of Worms

Carina Conradie & Roxie Hanes, Community Psychology

Both presenters are working in an Independent School (Years 7-13). The school has day and boarding students, some have parents living abroad. Soon after the service was established a growing can of worms became intensely problematic. These worms include:

- Informed Consent - considering the age of clients
- Confidentiality
- Multiple clients
- The implications of managing high/complex levels of mental health in a 24-hour boarding situation
- Aims of Presentation
- Identify complexity
- Share our learning
- Practical application of Code of Ethics within a school environment
- Main Contributions
- Provide practical guidelines for practitioners with similar clientele
- Stimulate colleagues to continue exploring their policies and procedures so that we demonstrate "Standing Together as One"

With this presentation we hope to remind practitioners of the need for on-going awareness of what is inside the can - what are the worms and how best to attend to them.

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12.00pm

Professional Practice, Educational Psychologist and RTLB

Robyn Stead, Howick/Pakuranga RTLB

Educational psychologists work in a variety of different employment settings. In this paper I would like to consider the situation of the educational psychologist who works in a cluster of resource teacher of learning and behaviour. The information presented has been derived from an interview with an experienced educational psychologist who has worked in several different settings including RTLB and from my own observations of four years of working as an educational psychologist in a RTLB cluster. The aim of this paper is to promote discussion about work place settings for educational psychologists and to consider the challenges and advantages of working in a non-traditional setting.

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12.30pm

Life Review in Scottish Ninety Year Olds from the Lothian Birth Cohort 1921: Developing Qualitative Methodology in a Longitudinal Study

Dr Hilary Lapsley, Research Office, University of Auckland

Alison Pattie, Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh
Professor Ian J. Deary, Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh

Professor John M. Starr, Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh

Lothian Birth Cohort 1921 members were part of a Scottish nation-wide study of mental ability in schoolchildren. They were tracked down in 1999 and since 2001, via several waves of data-gathering, they have provided researchers with information about cognition, health, personality, social connectedness and other topics. This paper aims to demonstrate the use of a qualitative methodology in a longitudinal study. It presents early findings from the Life Review Questionnaire, which has been completed by more than 100 ninety year olds in the LBC 1921 cohort. Qualitative analysis identified themes in the data and interpretation is focused on gender, relationality, positiveness and social context. Coding of responses provides numerical data to link with wider cohort data. In conclusion, the life review questionnaire is a useful tool for longitudinal studies of ageing populations.

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Mindfulness Symposium Proposal

Chair: Philippa Thomas

11.30am - Square Affair Suite 2 (TH ground floor)

11.30am

Introduction to 2012 Mindfulness Symposium

Philippa Thomas, Consultant Clinical Psychologist, philippa@tpc.org.nz, 07-846-6907, The Psychology Centre, PO Box 5556 Frankton, Hamilton 3242

Sue Dykes, Registered Clinical Psychologist, suzed42@hotmail.com, 021 040 7676, Mindfulness-Based Stress Reduction Auckland, P.O. Box 78296, Grey Lynn, Auckland 1245

A brief outline of the development of mindfulness-based techniques in psychological interventions in New Zealand over the past decade will be described. This will be followed by a short guided meditation practice.

12.00pm

The differential effects of three mindfulness techniques: Mindfulness

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of breath, body-scan and everyday mindfulness

Marise Fallon, PhD student from the University of Tasmania

There are several approaches to the application of mindfulness in the therapeutic context and most clinicians include one or more components of mindfulness training, which itself exists in a variety of forms. Some therapists emphasise awareness of sights, sounds, smells, touch, taste, thoughts and body sensations in everyday life, either with or without the addition of “formal” meditation, as in Dialectical Behavior Therapy (Linehan, 1993) and Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999), where formal meditation is not a requirement. In contrast, clinicians using Mindfulness-Based Stress Reduction (Kabat-Zinn, 1982), Mindfulness-Based Cognitive Therapy (Segal, Teasdale, & Williams, 2002) and Mindfulness-Integrated Cognitive Behaviour Therapy (Cayoun, 2011), rely on client commitment to daily formal mindfulness meditation practice, as an integral part of the treatment. Clinicians teaching meditative tasks often emphasise the use of certain techniques (e.g., mindfulness of breath) over others (e.g., body-scanning) without demonstrated evidence that one is clinically superior to another. The present randomised controlled trial (N = 100) investigated three of the most commonly used mindfulness techniques (everyday mindfulness, mindfulness of breath and body-scanning) with the aim of comparing their relative efficacy on several measures in a community sample. All measures were significantly improved in the three groups and there were no significant differences between groups. Implications for clinical practice are discussed.

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12.30pm

The clinical application of mindful Hatha Yoga

Brigitte Sistig, Registered Psychotherapist, MNZAP, and Yoga Teacher, RYT IAYT, , 09-361-5368, Private Practice, 3 Wallace Street, Herne Bay, Auckland

While yoga is regarded in the West mainly as a physical activity, the actual practice provides an opportunity to engage in mindfulness. Hatha Yoga in particular invites the practitioner to experience conscious breathing and mindful body movement, which enhances the balanced functioning of the nervous system. In addition, physical activity provides a rich source of present-moment interoceptive cues that can serve as a focal point for mindful attention. The non-intrusive approach of Hatha Yoga allows practitioners to gauge their degree of tolerance, instead of feeling overwhelmed by inner sensations. This does have a profound effect on people, who experience mental distress in the context of a diagnosed mental illness. Brigitte will be reporting preliminary results from her study with people in a New Zealand forensic setting, who are currently participating in an 8 week yoga programme. The theoretical

framework for the intervention and the neurological underpinnings of the simple yoga body movements will be discussed.

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Afternoon 3.00pm - 6.30pm

Neuropsychology continued

3.00pm - 5.30pm - MFC Auditorium

3.00pm

Mobile Technology in the Rehabilitation of Older Adults

Duncan Babbage, PhD, Massey University

Aim: Mobile technology in rehabilitation of older adults has considerable promise. Compensatory strategies may be particularly appropriate for cognitive functioning, with memory difficulties and executive impairment being obvious intervention targets. **Methods:** This paper will present a systematic review of rehabilitation interventions utilising mobile technology with older adults, examining factors that predict whom such interventions are most likely to be useful for, and considering suitability of outcome measures. **Results:** Mobile technology is useful in a number of the areas targeted in older adult rehabilitation. Many devices tested in previous studies are now outdated, but much can be learned to guide current interventions. **Conclusion:** Mobile technology is likely to be an increasing focus for attention with an aging population—enabling rehabilitation professionals to support a larger number of aging clients. We have only begun to tap the potential benefits of mobile technology, particularly as people familiar with information technology begin to age.

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3.30pm

Portrayals of Concussion in the 2011 Rugby World Cup

Natasha Bauer, DClinPsych candidate, University of Auckland

Janet Leatham, School of Psychology, Massey University, Wellington

Ian de Terte, School of Psychology, Massey University, Wellington

Current concussion management guidelines in rugby recommend that a concussed player should not return to play for a minimum of three weeks. This research aimed to determine the incidence of concussion and whether this guideline was followed during the 2011 Rugby World Cup. Further in a partial replication of a rugby league study (McLellan & McKinlay, 2011) we planned to review how concussion was portrayed by the sports commentary team during the 48 games. Thirteen probable concussions were observed, during the RWC which equates to 6.77

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concussions every 1000 player hours. Follow-up of concussed players revealed 30% compliance with return-to-play guidelines. Thematic analysis of the sports commentary identified 7 major themes: dramatizing injury, joking and using colloquial language, casual reference to symptoms of concussion, injuries seen as demonstrating the commitment and toughness of players, suggestion of faking of injuries, a "she'll be right" attitude, and an awareness that rules about concussion management are not being followed. The implications of these findings for the public's perception of what is proper concussion management will be discussed.

J.M.Leathem@massey.ac.nz

4.30pm

The Clinical Utility of the ACE-R versus the MMSE and 3MS

*Heide-Marie Strauss, Massey University, Wellington
Janet Leathem, Massey University, Wellington
Crawford Duncan, Te Whare Te Utu, Psychogeriatric Service at Kenepuru Hospital, CCDHB*

Steve Humphries, Massey University, Wellington

The increased prevalence of age-related cognitive impairment has been paralleled with the development of a wide range of brief cognitive screening instruments. While the Mini-Mental State Exam (MMSE) remains the most commonly used screen, it is considered inadequate in the assessment of milder forms of impairment. This study investigated the diagnostic utility of the ACE-R, 3MS, and MMSE as used in a clinical geriatric setting. The analysed sample (N=281) consisted of people presenting with memory complaints and subsequently diagnosed with dementia, mild cognitive impairment (MCI), or a mood disorder. Results indicated that all three screens could differentiate between dementia and MCI, but not between MCI and mood disorder. The ACE-R outperformed both the 3MS and MMSE for predictive ability. Of the ACE-R subdomains, the Memory and Orientation/Attention domains carried the most weight in predicting dementia. For dementia, optimal cutoff scores (providing the best balance between sensitivity and specificity) differed from those published by the original authors.

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5.30pm

Guest Speaker: Dione Healey

Enhancing Neurocognitive Growth with the Aid of Games and Exercise (Engage): A Novel Early-Intervention Fostering the Development of Preschoolers' Self-Control

Abstract see page 12

Counselling Symposium continued

3.00pm - 4.00pm Lion Harbourview Lounge 1

3.00pm

Qualitative research as an adjunct to

the therapeutic training of counselling psychologists

Dr Mark Thorpe - AUT

In the past decade there has been a substantial increase in qualitative research by postgraduate counselling psychology students. In this paper I put forward the view that engaging in qualitative research indirectly develops many of the fundamental psychotherapeutic skills necessary for counselling psychologists in training. Optimally these skills include insightful identification and acceptance of the researcher's worldview, personality and underlying motives in the service of developing an open, curious, respectful and deep emotional and intellectual immersion in the respondent's lived world. The student researcher also learns to resist the pull to premature closure and to tolerate confusion, frustration and ambiguity while patiently trusting that the process will facilitate the creation of new meaning.

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Coaching Psychology Special Interest Group Symposium: Recent developments in Coaching Psychology

Chair: Sam Farmer, Chair of Coaching Psychology Special Interest Group

Email: sam@enhanceltd.co.nz

4.30pm - 6.30pm Lion Harbourview Lounge 1

4.30pm

Assessment use in Workplace Coaching

Dr Paul Wood, Senior Consultant, OPRA

The use of assessments within workplace coaching can be a crutch, a complement, or a catastrophe. Dr Wood's presentation will discuss a variety of assessments commonly used in coaching, such as psychometrics, performance evaluations, and reflective prompts. This discussion will explore the potential benefits of assessment use. It will also examine the costs and causes of inappropriate use and crucial considerations when using assessments in a coaching context. The appropriate use of such assessments can provide an important source of additional information and insight. For example, the use of assessments at the beginning of a coaching process can provide context and facilitate the development of relevant questions and hypotheses. The use of assessments during the coaching process can help overcome barriers and increase understanding. Furthermore, the use of assessments at the end of a coaching process can provide evaluative information on both the Submission for CPSIG symposium for NZPsS annual conference, 2012 coaching process and any behavioural change achieved. Yet the inappropriate use of assessments can result in the reinforcement of inaccurate perceptions, self-fulfilling prophecies, and a distraction from those areas most worthy of attention. Dr Wood outlines three considerations crucial

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for avoiding such negative outcomes and achieving desired results when using assessments in coaching. The first of these considerations is the relevance of assessments to situational goals and logistics. The second is the alignment of assessment design with coachee context and demographics (e.g., intended for use in the workplace, targeted at adults, relevant comparison/norm group). The third crucial consideration is that the coach's level of sophistication and training is consistent with that required for the correct use of any instruments employed.

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5.00pm

Social Comparison and the Development of Meaning in Coaching

Dr Steve Dakin, Human Resource Systems Design Ltd

Dr Sanna Malinen, Department of Management, University of Canterbury

In this paper, we further develop the idea of logo-coaching and suggest some interventions for coaches to employ in their practice. This paper develops the idea that a sense of meaning (the goal of logo-coaching) is unique to a particular client. However, many clients are locked into processes of social comparison whereby their self-value depends on comparison with others. We propose that social comparison blocks the emergence of a unique sense of purpose or meaning. In coaching, awareness by a client of the extent of social comparison in their lives is a necessary condition for developing a sense of purpose. In this paper we suggest a range of ways to help clients to become more aware of the extent of social comparison in their lives.

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5.30pm

Performance versus Insight in coaching

Jeanne Jackman, Massey University

Contrasting the primary coaching aims of goal-attainment and self-development by exploring differences in the cognitive-behavioural and positive psychology approaches to coaching. This presentation will outline the differences between these two approaches and explore whether success with behavioural and developmental outcomes could be dependent on the style of coaching used. The discussion will conclude by examining the questions of whether or not these very different approaches can achieve similar outcomes or whether they might be better suited to their own specific types of goals.

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6.00pm

Panel discussion - Where to from here: future directions for coaching psychology

Positive Psychology Symposium

continued

3.00pm - 4.00pm - Lion Harbourview Lounge 2

3.00pm

Building Resilience in New Zealand Psychologists: A survey on resilience in New Zealand psychologists

Katie McCormick, University of Auckland

Fiona Howard, University of Auckland

Fred Seymour, University of Auckland

Suzanne Barker-Collo, University of Auckland

Resilience, the ability to maintain well-being in the face of adversity, is a construct that is increasingly being investigated in a wide range of populations including those at risk of, already experiencing, or recovering from poor mental and physical health. However, very little is known about what resilience looks like in those who care for these populations. This paper provides an overview of the results from an online questionnaire that was sent to members of NZPsS and NZCCP in late 2011. Analysis of 224 completed questionnaires suggests that resilience in psychologists involves an interaction of individual, environmental, relational, professional, and spiritual elements. These elements include positive self-appraisals, therapy beliefs and supervision. This interaction appears to enable the maintenance of professional well-being and growth in the face of work stress and trauma.

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3.30pm

The GROW Project: Building the world's largest and most in-depth psychological study

Dr. Aaron Jarden, Lecturer, Psychology, The Open Polytechnic of New Zealand

This presentation outlines the history, development and current progress of the Global Review Of Wellbeing (GROW) project. Beginning in 2010, leading wellbeing scientists began to discuss, design, and forge collaborations with different psychology research laboratories in order to create an ambitious project to continually assess and track 20 million people worldwide in 20 languages. The GROW assessment measures 30 different domains of functioning related to wellbeing, including negative aspects (such as depression, anxiety, stress, resilience, distress tolerance, loneliness, etc) and positive aspects (such as life satisfaction, happiness, flourishing, strengths use, engagement, positive emotions, etc). This presentation outlines what they have accomplished, the challenges they faced, and what they learnt from a major precursor project – the International Wellbeing Study. Implications for enhancing large scale psychology research design are also discussed.

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Symptom Validity Symposium

Chair: Janet Leatham

4.30pm - 6.30pm Lion Harbourview Lounge 2

4.30pm

Can Psychopathology Profiles Help Detect Self-Report Bias in the Prediction of Criminal Behaviour?

Morgan Sissons, PhD student in Forensic Psychology, Victoria University
Dr Devon Polaschek, Victoria University

The validity of self-reported psychopathology symptoms has far-reaching relevance: from assessing criminal culpability in the courtroom to determining which candidate is suitable in a job interview. However, detecting and controlling for invalid responding in self-reported psychopathology is far from straightforward. Despite the development of a myriad of scales designed specifically to detect invalidity, little progress has been made in improving the validity of self-reported psychopathology by removing this bias. Using data collected from high-risk offenders in an intensive rehabilitation programme, the current research considers whether studying psychopathology profiles in conjunction with indices of self-presentation bias, we may get a better understanding of the types of self-presentation bias that are detrimental to – or even beneficial to – the validity of self-reported psychopathology and criminogenic self-report. Specifically, the prediction of criminal recidivism may be aided by analysing self-report measures in conjunction with psychopathology profiles.

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5.00pm

Exaggerating malingering: Thoughts about the assessment of symptom validity in chronic pain.

Malcolm Johnson, Department of Psychological Medicine, University of Auckland.
Debbie Bean, Department of Psychological Medicine, University of Auckland

Background: The importance of the detection of exaggerated or malingered disability attributable to pain has an extended history. New possibilities for detection, or new approaches to old possibilities are typically jumped on with alacrity by compensation agencies, insurers and others that have a significant financial interest in controlling costs and allocating treatment resources.

Aims: Recently, it has been proposed that measures assessing the validity of neuropsychological symptoms could contribute to the assessment of the validity of disability associated with chronic pain. This presentation examines this proposal

Main Contributions: The history of assessment of malingered pain-related disability is briefly traced. Some of the evidence around the current proposal is canvassed and the professional and ethical implications of the

generalization of the findings from one assessment domain to another are considered.

Conclusions: The use of neuropsychological symptom validity assessment may well be justified in situations where pain patients are indicating that impairments in their cognitive functioning are an important contributor to their disability. However, the use of these methods in other circumstances requires careful consideration of the scientific justification for the assessment, the impact on the individual client and the risk to the way psychologists are perceived.

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5.30pm

The Utility of Considering and Commenting on Symptom Validity as a Routine Component of Clinical Practice in the Forensic Field

Erin Eggleston, Branch Advisory Psychologist, ACC

Preliminary Abstract: International research suggests that the base rates for symptom exaggeration are 20-30% in the forensic field which is much higher than the general psychiatric field where most of us that do forensic work in New Zealand trained. Case examples derived from the forensic mental health field are used to frame recent research, experience with a range of psychometrics and to consider the utility of routinely assessing symptom validity in forensic clinical practice. Case examples include mental injury assessment for ACC and forensic mental health assessments in the youth court.

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6.00pm

Don't leave the office without them: Validity scales and their use in Mental Injury Assessment.

Matthew Manderson

Psychometric measures which contain symptom validity sub-scales or are standalone validity measures are an essential part of clinical assessment within a compensation environment. They help to validate claims as well as aid the detection of malingering. This presentation presents the findings from 250 completed Mental Injury Assessments (ACC sensitive Claims) where multiple measures have been used to assess both psychopathology and symptom validity. The results presented include the incidence of multiple invalid profiles, factors more likely associated with invalid profiles and the implications when determining mental injury cover. The Structured Inventory of Malingered Symptoms (SIMS), Million Forensic Assessment Symptoms Test (MFAST), Structured Interview of Reported Symptoms (SIRS II), Trauma Symptom Inventory (TSI), Detailed Assessment of Posttraumatic Stress Disorder (DAPS) and the Personality Assessment Inventory (PAI) are discussed.

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Industrial/Organisational Stream continued

Chair: *Crispin Garden-Webster*

3.00pm-4.00pm Civic Suite 1

3.00pm

Supervisor Work-Family Support and Employee Wellbeing: A Study of Māori Employees

Mr David Brougham, University of Waikato

Dr Jarrod Haar, University of Waikato

Support for work-family issues by supervisors is recognised as a significant predictor of employee wellbeing. However, little research has been carried out on indigenous employees. The present study sought to investigate the relationship between supervisor work-family support (SWFS) and wellbeing outcomes specifically life satisfaction, depression, anxiety and cultural wellbeing. Social support theory suggests employees with higher support will report higher wellbeing outcomes. This study of 466 Māori found that SWFS had significant positive influence on life satisfaction and cultural wellbeing and significant negative influence depression and anxiety. In addition, the moderating effects of collectivism were tested to establish and significant interactions were found on all relationships. Overall, high collectivism interacted with SWFS to achieve superior wellbeing outcomes at all levels of SWFS. The present study expands our understanding of Māori workers in the workplace showing the importance of support on employee wellbeing including personal and cultural wellbeing.

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3.30pm

The Work-Family Interface and Job Burnout amongst Māori Employees: The Role of Resilience

Dr Jarrod Haar, University of Waikato

Mr Derek Riley, University of Waikato

The influence of work-family conflict on burnout is well established but enrichment is less explored, while the role of resilience is poorly understood. This study tested these relationships on 261 Māori employees from a variety of organizations with predictors and outcomes separated in time to minimise common method variance. SEM was used to analyse the data and competing models were tested with the work-family interface and job burnout, as (1) resilience as an antecedent, and (2) resilience as a mediator. Model analysis showed that resilience fit the data best as an antecedent, and was positively related to both enrichment dimensions and negatively to both conflict dimensions. Furthermore, towards job burnout work-to-family conflict was positively related to emotional exhaustion and cynicism, and work-to-family enrichment negatively related. Resilience was also negatively related to cynicism. Overall, our study highlights the importance of resilience and the work-family interface for understanding job burnout amongst Māori.

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Bicultural stream

Chair: *Michelle Levy & Waikaremoana Waitoki*

4.30pm - 6.30pm, Civic Suite 1

4.30pm

Does Hauora Māori Competence Make A Difference?

Leona Manna, MIHI

Within New Zealand, Māori health outcomes are still poor. Developing, training and assessing Primary Health Care Organisations within a specific Māori Health model, the Meihana Model (Pitama, Robertson, Cram, Gillies, Huria & Dallas-katoa, 2007) is one way that poor health outcomes could be reduced. The Māori/Indigenous Health Institute at Otago University, Christchurch has over the past year with the provision of a Ministry of Health Fellowship undertaken a pilot research project with three different organisations, a Māori Non Government Organisation (Te Puawaitanga), a Non-Māori Non Government Organisation (Plunket) and a General Practice referred service (the Brief Intervention Service). Training participants are examined using current Medical School assessment guidelines, with preliminary results passing those training participants who have completed the assessment phase. The assessment phase utilises a combination of Case Presentations (theoretical application of the model) and Objective Structured Clinical exams (OSCEs) to assess applied application of the model. Early findings indicate that there was a shift in thinking within the training participants versus little shift in the control participants. Further results will be available at the conference.

leona.manna@otago.ac.nz

5.00pm

'This is my Ideal Lifestyle:' How elder Māori living on the East Cape understand a good life.

Liz Butcher, Massey University

Mary Breheny, Massey University

Attachment to place is considered to be an important component of ageing and can be intertwined with an older persons identity (Easthope, 2009; Gillsjo, Schwartz & von Post, 2011). For this reason place and standard of living are interdependent. This study aimed to examine the ways elder Māori living on the East Cape construct a good life and how place may influence this understanding. Data analysis involved nine interviews with elder Māori and a research visit to the East Cape. The methodology incorporated a mixed methods approach combining Interpretative phenomenological analysis, Foucauldian Discourse analysis and Kaupapa Māori research. Four superordinate themes were identified: ageing well, social connectedness, economic wellbeing and autonomy and control. Each theme

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consisted of four to five subordinate themes. A good life was understood through a balance of the themes identified. A number of available discourses were identified as influencing this construction.

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5.30pm

Rules of Engagement

Celeste Barcham, student

Engagement is essential in the therapeutic process. Various models of engagement have demonstrated differing levels of client participation, as well rates of failure to return to therapy. Our clinic the Drug and Alcohol Specialist Service uses a bi-cultural approach that integrates Māori and Western models of engagement such as whanau inclusive assessments and telephone appointment arrangements as opposed to appointment by letter notification. Practitioners of varying disciplines have found the blending of these models to be important in the engagement and therapeutic process with both Māori and non-Māori clients/consumers, regardless of age or gender. Our model of engagement which uses the Pōwhiri process used by Māori as well as Western models of engagement will be presented; followed by a description of the feedback from clients and clinicians about our engagement process and its influence on their therapeutic experience.

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6.00pm

Māori adaptation of a low intensity mental health intervention in primary care

Fiona Mathieson, University of Otago, Wellington

Kara Mihaere, Capital Coast DHB

Sunny Collings, University of Otago, Wellington

Anthony Dowell, University of Otago, Wellington

James Stanley, University of Otago, Wellington

A current challenge for cognitive behaviour therapy is how to adapt it to culturally diverse populations. This paper describes a Māori adaptation of an innovative, brief, (one hour in total), low intensity, CBT based, guided self help intervention for people with sub-threshold mental health syndromes in primary care. Sub-threshold anxiety, depression and substance abuse are common presentations in primary care. Sub-threshold syndromes carry a significant disability burden and the risk of developing a frank disorder. The collaborative process taken to develop and adapt this approach is delineated, as details of this process are rarely described. Adaptations included changes to imagery, use of Karakia (prayer), whakatauki (proverbs), stronger emphasis on Wairua (spirituality) and Whānau (family). A feasibility study was conducted in primary care. Outcome data (collected at 2 weeks, 6 weeks and 3 months, using the K10, WHOqol-bref and SF36) is reported. Barriers to uptake and clinician and patient feedback are discussed.

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Adult Clinical continued

3.00pm - 6.30pm, Civic Suite 2

3.00pm

The Process of Whakapapa (Genealogy) Exchange in Therapy with Māori Women

Arna Mitchell, Massey University

Prof Ian Evans, Massey University

Dr Ruth Gammon, Massey University

Preliminary results of a study investigating whakapapa (genealogy) disclosure between therapist and client will be reviewed. Subjects were divided into two groups: both groups received 2 sessions of Acceptance and Commitment Therapy. In the experimental group a whakapapa exchange occurred in the beginning of the first session, and no exchange occurred in the control group. Initial qualitative analysis revealed participants experienced the exchange as positive. The whakapapa exchange promoted comfort, was experienced as an appropriate and important Māori way of getting to know each other, resulted in genealogical or friendship connections and in some cases promoted rapport and sharing on the part of the participant. These findings suggest the exchange of whakapapa between a therapist and client is an appropriate process of engagement in a therapeutic setting and should be incorporated in therapy to assist Māori clients to feel more comfortable.

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3.30pm

"I hear voices: The establishment of a Hearing Voices Group in an adult inpatient setting and the role of the psychologist"

Clare Couch, Regional Rehabilitation and Extended

Care Service, Capital and Coast DHB

Traditionally schizophrenia has been the main domain of psychiatry and medical intervention with little psychological intervention. However, psychology has taken an ever-increasing role in working with people with psychotic disorders. Current literature indicates that for people with chronic schizophrenia the treatment of choice is antipsychotic medications with adjunctive psychological intervention, i.e., CBT. Alongside this development there has been a growing consumer movement for people who experience hallucinations, empowering them to gain understanding and control of their symptoms. Furthermore, there are documented reports of people who experience hearing voices and seeing things that are not apparent to others and these people never enter the mental health services. This presentation will outline the development of a Hearing Voices group in an inpatient rehabilitation service. It will discuss the rationale for this group, the role of the psychologist, client feedback, and future directions.

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4.30pm

Working with Cognition in the treatment of Anorexia Nervosa

Emma Sutich, Consultant Clinical Psychologist, CREDS & Kirsty Williams, Clinical Psychologist, CREDS

A key diagnostic feature of Anorexia Nervosa is disturbance in the way one's body weight or shape is experienced and fear of gaining weight. These cognitive distortions can be considered to fall into three broad sub groups; disorders in perception (viewing one's body as overweight despite objective evidence to the contrary), in attention (comparing oneself negatively to peers, selective attention to parts of the body one dislikes) and in attribution (that one's self worth is connected to weight, that food is "bad" or "good") etc. However, standard CBT methods of challenging cognitive distortions leads to unhelpful and circular discussions with the client returning "but I feel fat". The current paper will discuss alternative ways of working with these cognitions, using examples taken from CBT-E and ACT, drawing on practical examples and case studies to illustrate.

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5.00pm

Does Non-Suicidal Self-Injury Function Primarily as a Form of Affect Regulation Within Aotearoa / New Zealand?

Robyn Langlands, Victoria University

International studies have consistently demonstrated that affect regulation, an intrapersonal function of Non-Suicidal Self-Injury (NSSI), is primary to the reinforcement and maintenance of these behaviours. Furthermore, intrapersonal functions of self-injury, when grouped together, routinely predominate over interpersonal functions. The current study was designed to address two research questions: (1) would affect regulation similarly be endorsed as the primary function of NSSI by people in Aotearoa / New Zealand? and (2) would people endorse intrapersonal functions more strongly than interpersonal functions? A total of 163 participants, all of whom had self-injured within the past year, completed an online survey assessing the functions of self-injury in relation to their general history of NSSI and their most recent episode. Results were consistent with international research and will be discussed with reference to clinical implications.

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5.30pm

Facing Fears: Social cognition and psychopathy with high-risk offenders

Armon Tamatea, Dept of Corrections

Psychopathic individuals are identified by a constellation of affective, interpersonal, and behavioural characteristics that can incur great social, economic, and human costs by

virtue of repeated displays of extreme antisocial behaviour. Historic and current conceptualisations of psychopathy have emphasised behavioural, cognitive, neural, physiological, moral, and even evolutionary differences from normal populations. However, the various social and interpersonal contexts in which these individuals interact – and offend – have not been fully explored in the literature. This is of interest because the impact of psychopathy is largely evident in the social realm and suggests differences in social information-processing. Furthermore, the role of emotions is an important construct in social interaction, with deficits in empathy, guilt, and fear as common features of psychopathy. Given that recognising emotions from facial cues is an early developmental marker of emotional and social development, facial affect recognition presents as a potential interface between behaviour and social cognitive processes. This study sought to explore the relationships between psychopathy and social cognitive phenomena with 68 male prisoners from New Zealand prisons who were invited to (1) engage in a facial affect recognition task; (2) discriminate emotions from displayed pairs of faces; and (3) repeat these tasks after being administered a frustrating activity. It was hypothesised that men who presented with psychopathic traits would reveal biased responding before and after the stress intervention. Contrary to expectations, no general relationship was found between these variables. However, a closer look at specific expressions (or variations) of psychopathy suggested the presence of functional differences and calls into question the supposedly pervasive and apparently cognitively-impaired nature of psychopathic social information-processing. Implications will be explored and discussed.

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6.00pm

A Journey Beyond the Bars: Participants' experiences of psychological treatment in a prison setting

Damian Terrill, NZ Armed Forces

Dr Marianne Lammers, Dept. of Corrections

This research paper explores the lived experiences of three high-risk male offenders at varying stages of a prison-based residential rehabilitation programme. The opinions of three members of unit staff (two programme facilitators and one custodial officer) were also included. Information was elicited by means of 1:1 semi-structured interviews. The results are presented through a postmodernist, social constructionist discourse. They identify a series of themes which emphasise the importance of numerous contextual, linguistic and communicative variables in dictating the participants' self-perspectives and engagement with treatment. The role of motivation, the importance of the therapeutic bond established between participants and therapists, the relevance of the therapeutic environment, and the impact of both bi-cultural therapy and notions of individual stigmatisation are examined. The overall findings are related to the broader penological literature and

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points for consideration in the application of prison-based rehabilitative interventions are offered.

damian.terrell@hotmail.com

Educational/Developmental stream continued

3.00pm - 6.00pm Civic Suite 3

3.00pm

PeArLS: ASD Professional Development for Psychologists Working Across New Zealand - an Initiative by Altogether Autism

Tanya Breen, Altogether Autism

Few sources of ASD professional development for psychologists are based in New Zealand. Consequently psychologist-appropriate ASD learning opportunities occur rarely, require overseas travel, and are expensive and not suited to how New Zealand services and systems work. Altogether Autism wants to change this, by developing a system to support psychologists who have had or want ASD training, so To initiate this brainstorming session the ASD professional development needs of psychologists identified in the New Zealand Autism Spectrum Disorder Guideline will be presented, and Altogether Autism's initial plans will be outlined. Input will be sought on further identification of needs, and innovative methods of addressing these needs, affordably, sustainably and consistently with the way we work and learn in New Zealand. Information gathered will inform Altogether Autism's proposal, and willing participants will be kept informed on progress.

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3.30pm

Test User Levels: Implications for Practice

Fiona Ayers, MNZPsS; IEDP

Discussion has occurred between psychologists regarding the impact of 'level c' assessors on the work of psychologists. While care needs to be taken that this does not become a personal issue, there is a need to be more aware of the impact of assessments completed by persons who are not registered psychologists, but who use assessment tools which are usually utilised by those who are registered psychologists, on the psychology profession. The session will explore some of the challenges experienced by the presenter in terms of working with clients who have had a previous assessment by a 'level c' assessor and the impact that this has on her work. The session will also explore the differing expectations for access to tests termed 'level c' in New Zealand and overseas and the implications for New Zealand practice.

fiona.ayers@xtra.co.nz

4.30pm

It's not Fair; Early adolescents

Perceptions of Unfairness

Brian Moreton, Member of Psychological Society

Background: Unfairness is the subjective experience of receiving just treatment, as opposed to fairness, which centre more on the cognitive rules for the allocation of resources. Most of the research and conceptual work on unfairness has been done within the context of the allocation rules for distributing resources. Almost no studies on unfairness are reported with an intermediate school cohort. Aims: This qualitative study aims to explore the two questions of "what is the meaning of unfairness for a late childhood/early adolescent cohort?" and "how does the same group perceive a judgment of unfairness?" Methods: A qualitative, phenomenological methodology was utilised, with 70 written responses to unfair events being reported along with 24 semi-structured interviews. The responses are analysed via an interpretative phenomenological analysis method (IPA). Contributions: The paper reports some initial findings in terms of events initiating the incidents, unfairness criteria breached, the emotional, behavioural and cognitive reactions, coping styles and restorative justice practices required for an event to be perceived as fair.

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5.00pm

Snakeoil or Kosher: Implications for Interventions for Dyslexia

Fiona Ayers, MNZPsS; IEDP

Since the Ministry of Education recognised Dyslexia in 2007 there has been an increase in interest from schools and parents in interventions to support children with this specific learning disability. This presentation aims to discuss the interventions which are being accessed both in schools and in the community and to evaluate whether they fall into the category of snakeoil or kosher, through an exploration of the evidence base for some of these interventions.

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5.30pm

PeArLS: Supporting the Canterbury Recovery: How can psychology help in responding to the human impact of disasters?

Sarb Johal, Joint Centre for Disaster Research, School of Psychology / GNS Science, Massey University

New Zealand has experienced its most devastating natural disaster in 80 years. Such events are not unique to New Zealand, and it is clear that phenomena such as climate change will present us with escalating challenges in the coming years. The Canterbury earthquakes have revealed critical gaps in our understanding of the human dimensions of disasters and associated issues or resilience and sustainability in both response and recovery phases. Recovery will take many years. New institutional arrangements have been put in place for this purpose, and many initiatives have been announced, including

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economic recovery settlements, land zoning arrangements, and cross-sector collaboration to provide welfare services. Many of these initiatives will have social and psychological consequences for the affected population, and across New Zealand. This session offers an opportunity to hear about some of the initiatives that are taking place in the Canterbury region, to discuss the social and psychological dimensions of recovery and sustainability, and how the various disciplines and practices of psychology can contribute to recovery efforts.

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Mindfulness symposium continues

3.00pm -6.30pm Square Affair Suite 2

3.00pm

Using mindfulness as a base for building self-compassion

Dr Gerard Pauley, Consultant Clinical Psychologist, Rural Mental Health and Addictions Service The powerful nature of mindfulness has been demonstrated in its flexibility and adaptability to a range of clinical and non-clinical settings whilst maintaining its efficacy. In addition, several 'third wave' cognitive-behaviourally minded therapies have utilised mindfulness as a base on which additional psychological skills can then be developed with individuals. One of these therapies is Compassion Focussed Therapy (CFT) which was initially designed to work with individuals with high levels of shame and self-criticism and is now gradually being used across a range of clinical presentations. Within CFT, mindfulness is developed first so that an individual can then approach the task of learning to develop a more self-compassionate stance from a mindful and wise position. This presentation will explore the importance of developing the mindful stance in an individual as a precursor to developing compassion and explore the benefits of a wise and mindful self-compassion as opposed to more western conceptualisations of self-esteem.

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3.30pm

The validity, reliability and factor structure of the Mindfulness-based Self Efficacy Scale

Bruno Cayoun The MiCBT Institute, and School of Psychology, University of Tasmania

Three studies are presented investigating the convergent validity, discriminant validity, test-retest reliability, and factor structure of the Mindfulness-based Self Efficacy Scale (MSES), which aims to measure self-efficacy arising from mindfulness-based treatments before, during and after clinical interventions. In Study 1 (N=163) and Study 2 (N=521), participants from the general community were asked to fill in the MSES, the Kentucky Inventory of Mindfulness Skill (KIMS), the Mindful Attention Awareness

Scale (MAAS), the Freiburg Mindfulness Inventory (FMI), the Five Facet Mindfulness Questionnaire (FFMQ), and the Depression, Anxiety and Stress Scale (DASS21). Study 3 (N=120) reports on clinical data collected from routine clinical practice where mindfulness-integrated CBT was implemented, in both group and individual delivery formats. Results indicated that the MSES has good internal consistency, good construct validity, excellent test-retest reliability. Exploratory factor analysis found support for a six-factor model in a 22-item scale and all factors correlated with several constructs in ways that were consistent with theory. Consistently high inverse correlations between the MSES and the DASS21 confirmed good discriminant validity of the MSES and high sensitivity to change in clinical samples. Overall, results indicated that the MSES is a reliable and valid measure of self-efficacy gained through mindfulness-based interventions.

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4.30pm

Awakening the Mindful Teacher – possibilities for training in New Zealand

Marijke Batenburg, Mindful Psychology
Lisa Markwick, Mindful Adventures

The flowering of mindfulness in the west in mainstream professional circles is there because it really seems to relieve suffering. The art or craft or science of teaching mindfulness is diverse and can be anywhere along the continuum that extends from a workshop trained instructor who provides introductions to some useful techniques to an accomplished meditator with decades of intensive practice and study with traditional masters who embody mindfulness as a way of being. We have valued developing this practice in our own lives and woven many threads together over several years to offer courses in mindfulness to colleagues, professionals and clients. The Centre for Mindfulness in Massachusetts has been a beacon in offering practicums and teacher development intensives. In this paper we will talk to the development of the teacher and offer information on training programmes that are to be available in New Zealand and Australia 2012 and 2013. There will be an opportunity for questions and dialogue following the presentation.

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lisa@mindfuladventures.co.nz

5.00pm

Panel discussion (presenters)

Dr Bruno Cayoun, *Brigitte Sistig*, *Dr Gerard Pauley*, *Marijke Batenburg*, *Lisa Markwick*, *Sue Dykes* and *Philippa Thomas* (chairperson)

The presenters will be available for extended discussion of any issues which have arisen during the symposium. These may include (for example) what is meant by "mindfulness", how mindfulness has been and can be integrated into psychological practice, clinical issues, what levels of training

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are needed in order to practise mindfully and/or to teach mindfulness, or any other questions that may occur to participants throughout the day. This will be an opportunity to hear a range of perspectives on these issues.

5.30pm

Where to from here?

Philippa Thomas, Consultant Clinical Psychologist, philippa@tpc.org.nz, 07-846-6907, The Psychology Centre, PO Box 5556 Frankton, Hamilton 3242

Sue Dykes, Registered Clinical Psychologist, suzed42@hotmail.com, 021 040 7676, Mindfulness-Based Stress Reduction Auckland, P.O. Box 78296, Grey Lynn, Auckland 1245

Philippa Thomas (and panel members) will briefly highlight key issues from the day, before the symposium finishes with a short guided meditation practice led by Sue Dykes.



NZ College of Clinical Psychologists Bay of Plenty Branch presents:

Enhancing Self-Reflective Practice: Understanding and Managing Countertransference (A 5 Step Method)

***A one day workshop with Dr Claire Cartwright,
Senior Lecturer, Registered Psychologist (Clinical Scope), MNZCCP***

This one day workshop on 21 June presents a method for understanding and managing our own countertransference responses as therapists

Registrants can also do an optional second day on 22 June that will build on the first day and also look at countertransference from a cognitive perspective.

Harvard Room, Classic Flyers, 9 Jean Batten Drive, Tauranga.

It is important that psychologists have systematic ways of considering their countertransference responses to clients. It is also important to have strategies to manage these responses in such a way that the therapeutic alliance is protected. This workshop has been developed for non-psychodynamically trained psychologists and therapists who would like to be able to understand the concepts of transference and countertransference.

The workshop presents a five-step method that provides a means for understanding and managing countertransference that can be useful in self-supervision/self-reflective practice and also clinical supervision. Currently, there is a strong emphasis on the importance of psychologists monitoring the potential impact of their own personal issues when working with clients. However, a number of studies suggest that countertransference is not only a reflection of the personal issues of the psychologist, but also a reflection of the interpersonal style of the client. Seen in this light, countertransference can be regarded as a potential source of information about the client's experiences and his or her ways of relating to others.

Registrants may attend just the first day of this workshop or both.

FOR MORE INFORMATION OR TO REGISTER GO TO

WWW.NZCCP.CO.NZ

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8.00am - 5.00pm	Registration
8.30am - 5.00pm	Exhibition
8.30am	Keynote Speaker
9.30am	Morning Tea
10.00am	Symposia
12.00pm	Lunch
1.00pm	Keynote speaker
2.00pm	Symposia
3.30pm	Afternoon Tea
4.00pm	Institute AGM
4.00pm	NZCCP AGM
4.30pm	NZPsS AGM
7.30pm	Conference dinner

Morning 10.00am- 12.00pm

10.00am - 11.00am MFC Auditorium

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obeattie@ebSCOhost.com

11.00am

Guest Speaker Julia Rucklidge

From ADHD to earthquakes – The evidence for nutritional treatments for psychological symptoms

see abstract on page 13

Parenting Symposium: Battle Hymn of the Good Enough Parent in Aotearoa New Zealand: Parenting Lessons from the CHERUBS Lab

Chair: Ian Evans

10.00am - 12pm, Lion Harbourview Lounge 1, MFC

Each presentation will be 20 minutes in length. Professor Evans will chair the session, explain the theme of the symposium, and introduce each individual presenter (2 mins). Dr Couch will comment on the critical, take-home message from the papers (7 mins) and foster discussion from the floor (11 mins.).

Introduction

Ian M. Evans, School of Psychology, Massey University (Manawatu and Wellington)

Recently American law professor Amy Chua wrote a stern indictment of permissive American parenting entitled "Battle Hymn of the Tiger Mother." Professor Chua has stated that the two things Americans fear most are terrorists and parenting. Her book, which has caused a storm of controversy, describes the super-strict upbringing of her daughters—no TV, no sleepovers, no play dates. Once she threatened to burn all one daughter's stuffed animals unless she played a piece of music perfectly. New York Times op-ed columnist David Brooks wrote that actually he thought she was coddling her girls:

She's protecting them from the most intellectually demanding activities because she doesn't understand what's cognitively difficult and what isn't. Practicing a piece of music for four hours requires focused attention, but it is nowhere near as cognitively demanding as a sleepover with 14-year-old girls. Managing status rivalries, negotiating group dynamics, understanding social norms, navigating the distinction between self and group — these and other social tests impose cognitive demands that blow away any intense tutoring session or a class at Yale.

In the CHERUBS lab we agree. CHERUBS is an acronym for children's environments—a research unit for behavioural studies. Our goal is to explore the effects of parenting and school environments on children's behaviour and emotional development. The following presentations from members of my research group examine parenting from a variety of different angles, but in each case focusing attention of the relationship between parent and child and whether, in the words of Donald Winnicott, parenting is "good enough."

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Supporting parents to be good enough.

Lucia King, School of Psychology, Massey University (Wellington)

Parent training is widely advocated as an effective strategy in New Zealand to enhance parenting skills and prevent the appallingly high incidence of child abuse and neglect in this country. Popular programmes that have been well-validated overseas include Triple-P and Incredible Years. However, from a preventative and public health perspective, these programmes have certain shortcomings: they are not always culturally sensitive, they do not necessarily reach the most vulnerable, at-risk families, they require specialised trainers, and they do not always build on existing strengths. In response, the NZ Ministry of Social Development created a grass roots parenting programme called SKIP (Strategies with Kids; Information for Parents), a community based programme designed to reach a wide range of parents. Lucia King has been evaluating two parenting support groups conducted according to SKIP principles, one of which was for fathers. In this presentation she will report her qualitative findings, explaining how these groups enhance parental confidence, improve communication (with each other as well as between parent and child), and develop new schemata about the parenting role. She concludes that raising social capital (informal social support networks) is an effective strategy for a wide reach at reasonable cost.

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What is it that makes challenging behaviour challenging to parents?

Jessica Reilly, School of Psychology, Massey University (Manawatu).

There are, of course, special circumstances in which parents will need more intensive and specialised support. One of the most salient examples of this is when the child has a developmental disability and associated challenging behaviour. This is the term which is currently preferred to more negative descriptors such as behaviour problem or behaviour disorder (the problem may be in the environmental context rather than the child). In children with autism and other developmental disabilities they may exhibit behaviour that challenges the "system": schools, classrooms, and parents. It is easy to define these behaviours and to give examples, but what exactly is it that parents find most challenging? Jessica Reilly will present the results of her interview study of parents, which has clarified what precisely it is that makes a behaviour challenging to parents. This information is critical if we are to design interventions that focus on the parents as mediators and ensure that the behaviour targeted and the outcome achieved will be the ones that are most important to the parents in terms of helping them manage parenting in a positive way.

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Busting the Cinderella myth: How

stepfamilies negotiate fairness.

Celia Falchi, School of Psychology, Massey University, Wellington

Although stepfamilies are traditionally thought to present a challenging dynamic with respect to positive parenting, the reality is that stepparents and children are often able to negotiate the realities of blended families in a positive way. One of the largest issues that has to be dealt with is to ensure that all members of a blended family feel that they are being treated fairly. Celia Falchi will report some of the preliminary quantitative findings from an in-depth study of well-function (good enough) stepfamilies in which they were given a task to complete and, in a novel research design, asked to record their strategies for negotiation, and their feelings regarding fairness and how to achieve it. An outcome of this research is practical advice to step-families that will help them use the same procedures as used by other similar families who are functioning well and positively.

celia.falchi@ihug.co.nz

Essential social capital: Supporting foster parents

Bernice Gabriel, Hawkes Bay DHB and School of Psychology, Massey University

Bernice Gabriel has developed a special training programme for foster parents. Compared with stepparents and parents of children with developmental disabilities, the challenges presented to foster parents in terms both of emotional disorders and disciplinary demands are quite considerable. Bernice's programme has been developed in conjunction with CYFs and child and adolescent mental health services. In this presentation she will describe the essential ingredients of the programme, discuss the rationale for its development, explain the importance of attachment issues, and present some clinical findings from preliminary investigations into the programme's effectiveness.

Bernice.Gabriel@hawkesbaydhb.govt.nz

Fathers as carers and protectors: Does priming the evolutionary role of the father increase or decrease punitiveness?

Kayla Mackie, School of Psychology, Massey University (Manawatu).

Affective primes have been used in experimental psychology to elicit unconscious emotive schemata and to explore the underlying dynamics of behaviour. After a partially successful trial of positive affective priming in Māori mothers by Vicky Amor-Ponter in the CHERUBS lab, Kayla Mackie decided to investigate the phenomenon with fathers. The primes were either pictures showing positive, loving, father-child interactions (standard, positive affective prime), or pictures showing fathers protecting and teaching children (the dominant father role over long periods of human evolution). We predicted the evolutionary-relevant

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prime would increase fathers' endorsement of positive parenting, but preliminary findings indicate the opposite. If this effect can be replicated it raises important issues regarding the best message to send to fathers regarding discipline practices, especially if they fear for the safety of their child.

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Discussion

Clare Couch, Rehabilitation Service, DHB

Dr Clare Couch will comment on the various presentations and encourage discussion from the audience related to the material presented.

Health Psychology

Chair: Iris Fontanilla

10.00am-12.00pm Lion Harbourview Lounge 2,MFC

10.00am

Family / Whanau Communication in Paediatric Palliative Care

Erin Gaab, University of Auckland

Glynn Owens, University of Auckland

Rod MacLeod, University of Auckland

Background: Children's culture, community, and understanding of death may influence the way families communicate about and care for Paediatric Palliative Care (PPC) patients. Aims: Understanding families/ whanau involved in PPC: How do caregivers' communicate with their children and what are children concerned about? Methods: 19 primary caregivers and 18 siblings of PPC patients were interviewed. 16 PPC patients and siblings created ethnographic recordings. All data was analysed thematically. Results: Caregivers gave several reasons for communicating with their children about death or avoiding the topic. Young people expressed ideas relating to the special treatment of patients, spending time with family, judgment / discrimination, understanding, mortality, and involvement in patients' lives and care. Conclusions: Families/ whanau aim to prepare and protect each other. They generally want to spend quality time together, be seen and understood as equal members of society, and be involved in supporting each other around mortality and other matters.

e.gaab@auckland.ac.nz

10.30am

A New Zealand Pilot Study of the Efficacy of an Internet Based CBT Intervention (Msinvigor8) for Multiple Sclerosis Fatigue

Dr Kirsten van Kessel, AUT University

Prof Rona Moss-Morris, Institute of Psychiatry,

KCL, London

Dr Trecia Wouldes, University of Auckland

Background and Aims To date few treatments have been effective in treating Multiple Sclerosis fatigue. A recent randomised controlled trial showed that cognitive behavioural therapy (CBT) was a promising approach for improving fatigue in MS. The aim of the current project was to pilot the efficacy of a web-based version of CBT for MS fatigue in NZ. Methods Forty participants were randomly assigned into two conditions: website alone or website with email based therapy support. Participants were assessed at baseline and at completion of the programme. Results The Email-support condition showed significant reductions compared to the Website-only condition on both fatigue severity and fatigue impact. There were no differences between groups on changes in anxiety or depression with neither group showing change in mood over time. Conclusions The results suggest that the CBT based website intervention in combination with email-support may be a useful and pragmatic way of treating MS fatigue.

kvankess@aut.ac.nz

11.00am

Making Sense of Death and Dying: A Foucauldian Discourse Analysis of Terminal Illness and Euthanasia

Anne Ryan, Massey University

Mandy Morgan, Massey University

Antonia Lyons, Massey University

The experience of death and dying has been transformed over time by significant advances in medical care and technologies from a short-term event to one that usually involves a prolonged time of slow decline from chronic degenerative conditions. The way we make sense of this modern form of protracted dying can provide essential insights into who we are as humans beings. Interviews were conducted in Aotearoa/New Zealand to explore the issues of terminal illness and euthanasia. A Foucauldian discourse analysis of the data revealed that people made sense of death and dying by drawing on constructions that included the terminally ill as a separate entity and as a burden. The consequences of positioning the dying subject within such constructions is considered in light of the way in which that will inevitably shape their understanding and experience of themselves and the world. Furthermore, the power implications of such discursive constructions are considered.

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11.30am

What can Near-Death Experiences Contribute to Psychology?

Natasha Tassell, School of Psychology, Massey University

Throughout antiquity, unusual experiences where the boundaries of space, time, and perception are transcended, have been reported by individuals who have come close to

Programme & Abstracts, Sunday 22nd

death, or died and been resuscitated. Termed near-death experiences (NDEs), these transformative episodes involve a combination of cognitive, emotional, and transcendental elements. They are of such a lucid and ineffable nature, significant psychological shifts and major life changes are a typical consequence. Despite the psychological sequelae to these experiences, psychology has paid little attention to NDEs. This presentation will give a description of the typical features of NDEs. It will argue NDEs are of potential importance and applicability to psychology, for several key reasons: the resultant pervasive positive psychological benefits; the potential to be confused with psychopathology despite positive after-effects; the psychological implications of the notable loss of fear of death; and, the promise for enhancing understandings of the nature of consciousness.

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Innovations in Practice

Chair: Muriel Christianson

10.00am-12.00pm Civic Suite 1, TH

10.00am

PeArIs: Clinical experiences in using mobile phones in therapy and rehabilitation

Duncan Babbage, PhD, Senior Lecturer, School of Psychology, Massey University

Clinicians in psychotherapy and rehabilitation see potential to assist their clients via mobile phones. Assessment accuracy may be enhanced by monitoring mood and behaviour when it is occurring. Intervention effectiveness may be enhanced by taking therapy more into “the other 167 hours”—e.g. providing prompts, phone-managed homework tasks, perhaps even interventions delivered via phones. In rehabilitation, smartphones can be used as cognitive prosthetics. Front-line clinicians have used these techniques with a single client or a small number of clients. In this process, they have learned much about what seemed to work, and what did not, in a level of detail formal research may not describe. Regrettably, there are few opportunities to learn from each other's experience. This session will discuss attempts, struggles, successes and failures in using mobile phones to facilitate therapy and rehabilitation. We will think about how we could learn more from each other in the future.

D.R.Babbage@massey.ac.nz

10.30am

Computer Scoring and Norms for the Young Schema Questionnaire: A Computer Program

John H Dugdale, NZCCP

The Young Schema questionnaires are useful clinical tools used by many practicing Schema Based Cognitive Behaviour Therapy. Historically little normative data has been available and systems of providing feedback to clients

has been not always been clear. In order to overcome these deficits a Computer Scoring programme for the YSQ-S3 has been developed and trialed over a number of years. This programme enables the questionnaire to be easily and quickly scored and generates easily understood, graphically presented printouts for the client and practitioner. At the same time this programme accumulates the individual data and produces constantly updating means and standard deviations, thus enabling each practitioner to establish normative data for their population(s) of clients. Future developments will be discussed, including the possibility of amassing data from a number of clinicians so as to establish more general norms for the NZ population.

jdug@paradise.net.nz

11.00am

New Boundaries: Practical Applications of the principles of biofeedback and psychophysiology to extend everyday clinical effectiveness

Tom Nesor, MNZPsS

Biofeedback and the principles of psychophysiology have been a vibrant part of psychology and allied health disciplines overseas for over 50 years. A solid research base has evaluated the effectiveness of psychophysiological interventions and shown biofeedback to be an efficacious intervention for a number of challenging clinical areas. This presentation will seek to provide an introduction to those areas where biofeedback is most and least effective, demonstrate ways in which it can be readily applied in a variety of clinical settings and show how exciting advances in technology make this approach easy to integrate into comprehensive treatment approaches. Special attention will be paid to giving a brief overview of how biofeedback as an adjunctive therapy can help provide practical assistance in areas that are traditionally difficult to treat such as obsessive compulsive disorder, PTSD, fibromyalgia and traumatic brain injury as well as anxiety and depression.

tom@painrelief.co.nz

11.30am

Mental Health and Clinical Psychology in UAE: An Overview

Amber Haque, UAE University

This paper starts with a brief historical background of the United Arab Emirates, popularly known for its tourist city Dubai. Indigenous mental health beliefs and practices based on Arab cultures in the gulf region and contributions of early Arab scholars towards the concept and treatment of mental health are discussed. Recent attempts towards the development and evaluation of services based on World Health Organization's recommendations are addressed including the role of national health authorities and emerging mental health laws. The paper briefly addresses the status and role of two major psychiatric institutions and ensuing challenges for clinical psychology and ways of

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improving the image of the discipline in the country. Also addressed are developments of new academic programs and growing prospects and opportunities for clinical psychologists in the country.

amberhaque@yahoo.com

nonconforming clients

Jaimie Veale, Massey University

In 2011 the World Professional Association for Transgender Health released updated Standards of Care for working with transgender and gender nonconforming persons. The aim of this presentation is to outline key terminology and common reasons for transgender and gender nonconforming people to present to psychologists. This presentation will also outline the recommendations of the latest standards of care for affirming a client's gender identity. Psychologists have played a role in the access to medical treatment for transgender people. The latest changes to these standards include a change from a "gatekeeper" approach to an "informed consent" approach. Tasks for psychologists working with transgender and gender-nonconforming persons outlined in these standards will be introduced, including assessment, psychotherapy, and family/whanau support. The phenomenology of gender nonconformity in children and adolescents and treatment options will also be discussed.

jfveale@yahoo.co.nz

11.30pm

Molar Memories: How to cure addictive behaviour

Angelo Cacciato, Waikanae Health Centre, Marae Lane

It is a problem to access the pleasure side of a memory without first experiencing the pain of it. Mother nature has given us the ability to first assess the risk or pain root of memories to be able to survive and experience pleasure. It creates what we call MOLAR MEMORIES: before we are able to access the pleasure root of the memory we only access the painful one. In the case of a cross dresser, he could recall the pain of been told off by his mother when he was 4 experimenting with his sister clothes, but could not recall the pleasure of dressing as a girl. Once re-framed and been told it is perfectly normal for a young child to explore his sexuality he immediately stopped cross-dressing. In our work there are many examples of successful cure in cases of anorexia, sexual addiction and even anger management.

acacciato@yahoo.co.uk

The Psychologists Board meets with the NZPsS Institute Chairs

10.00am-12.00pm Civic Suite 3, TH

Workshop: Rasch Analysis

presented by Richard Siegert

10.00am-12.00pm Square Affair Suite 1, TH

see workshop description on page 63

Chair: Elliot Bell

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Clinical Adult

Chair: Kiri Luther

10.00am - 12.00pm Civic Suite 2, TH

10.00am

Psychoanalytic Psychology

Susan Alldred-Lugton, Registered Psychoanalytic Psychologist (NZ), MNZPsS

My paper concerns the treatment of a patient with Borderline/Narcissistic traits, who I saw in Melbourne for nine years, three times a week as a training case. I will discuss how using psychoanalytic technique, a reliable, therapeutic space was provided to enable the patient to gain insight about her self-destructive behaviors including cutting, and to move towards a more contained and realistic state of mind. During treatment her anorexia symptoms resolved, she had a second child and completed a Masters Degree. Post treatment she is happy and well. The concepts of projective identification, transference and counter transference will be elaborated as they relate to the case material. The case was managed under supervision and in conjunction with a Consulting Psychiatrist in Melbourne. The paper has been presented to a range of professionals throughout New Zealand. It usually takes an hour but can be truncated to fit 30 minutes if required.

alldredlugton@xtra.co.nz

10.30am

Traps for the Unwary in a Difficult Interprofessional Case

G Keith, Private Practitioner & AJ Taylor, Professor Emeritus

Despite the recent accent on the inquisitorial rather than the adversarial emphasis in some criminal proceedings, a case is outlined in which the police in charge acted in an authoritarian manner, ignored professional boundaries, and overlooked severe emotional disturbance in the complainant, and restricted the role of mental health professionals. Meanwhile the allegations increased exponentially as did threats of self-harm. The matter never came to court, because after a number of attempts the complainant was able to withdraw the charges, and the designated offender decided not to seek legal redress. Thus the legal and procedural complexities were never properly aired and tested. The issues are canvassed and systemic recommendations made to reduce their recurrence.

gkeith@ihug.co.nz

11.00am

Working with transgender and gender

Programme & Abstracts, Sunday 22nd

SUNDAY

Strengthening Communities

Chair: Rose Black

10.00am-12.00pm Square Affair Suite 2, TH

10.00am

Contributions to Individual, Family and Community Wellbeing from Family-Focused Literacy Education in Communities: Findings of a Study in Aotearoa New Zealand

Jane Furness, University of Waikato

Skills development and progress into higher level education or employment have been the focus of most evaluations of adult literacy programmes. This paper reports on findings from a study which aimed to identify the wider social and wellbeing effects of participation in family-focused adult literacy programmes in Aotearoa New Zealand. Drawing on interviews, observations and programme documentation, the study followed nineteen participants in four programmes in different kinds of communities over 18 months. The study drew on ecological theories of wellbeing, which accommodated differing cultural perspectives and worldviews, to explore the link between programme participation and enhanced life quality. It identified key principles and practices linked to positive social and wellbeing outcomes over space and time and developed a theoretical model of the interconnected and synergistic processes that occurred. The paper argues for greater scrutiny from culturally-differentiated wellbeing perspectives in all work undertaken by government on behalf of its citizens.

jfurness@waikato.ac.nz

10.30pm

A Samoan perspective on home, Inequality in the Regions: A Window on Waikato Poverty

Dr Rose Black, Poverty Action Waikato

Anna Cox, Poverty Action Waikato

The impacts of the increasingly unequal distribution of wealth in New Zealand society are being felt, particularly by people on low incomes. As with other regions in Aotearoa, many people in the Waikato are experiencing increased food and living costs, an ongoing lack of affordable housing, and limited work and employment opportunities. Recent unemployment statistics point to the vulnerability of young people as they finish their secondary education and start looking for employment, training and educational opportunities. The degree of social connectedness in the Waikato is compromised by a significant and persistent level of economic inequality. Using statistics and stories this paper will give an overview of who lives in the Waikato and income inequality in the region. Work and employment opportunities, along with housing issues will be canvassed as we open the window on poverty in the Waikato.

rose@anglicanaction.org.nz

11.00am

How are we to Change Behaviour so that our Settlements Become Increasingly Sustainable?

Dr Marg O'Brien, Cawthron Institute

If towns and cities are to live within their carrying capacity of their environments people will need to change... but how are we to change behaviour? Weaving threads from social learning for sustainability, resilience, social capital, and governance for sustainable cities we focused our three year action-research programme on case studies in the Top-of-the-South. We hoped to take the research from what needs to happen to how to make it happen – from assessment to action – facilitating the process in local communities with the use of behavioural change methodologies (including CBT). Three years on I would like to share some of our results: the unexpected barriers, the psychological issues to be negotiated, the new directions we have had to take... and the successes. The project still has a year to go but preliminary conclusions will be discussed.

marg.obrien@cawthron.org.nz

11.30am

PeArLS: Is there a Role for Psychologists to Work on Environmental Issues?

Marg O'Brien, Cawthron Institute

The changes required to achieve sustainable development are of such magnitude that they cannot be secured by governments acting alone. We need to mobilize the energy and initiative of local communities, in fact of all New Zealanders, if changes in attitudes, values and behaviour are to be secured. Discussion Questions Q. How do we mobilize our own energy and initiative to ensure that more psychologists work on this issue? Q. What research areas look to be the most promising in achieving change? Q. What message do we want to give the Psychological Society? Q. What media statement do we want to issue on this theme?

margobrien@cawthron.org.nz

Afternoon 2.00pm - 3.30pm

ACC presentation

2.00pm MFC Auditorium

Kris Fernando, ACC National Advisor Psychology and Mental Health & Gaylia Powell, Category Manager – Specialised Treatment

This presentation will provide an update in the areas of

- o ACC Branch Advisory Psychology network
- o Sensitive Claims
- o Mental Injury
- o Symptom Validity
- o Neuropsychological and Concussion Services

This session is intended to be interactive with attendees

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having the opportunity to ask questions and discuss areas of interest.

2.30pm MFC Auditorium

Guest Speaker: Karen Salmon

Emotion competence in young children: Why it's important, how do we measure it, and what can we do to facilitate its development?

see abstract page 12

Clinical/Neuropsychology

Chair: Fiona Kennedy

2.00pm-3.30pm, Lion Harbourview Lounge 1

2.00pm

The Impact of Traumatic Brain Injury on Developmental Functioning in Children: Mild TBI at Home and School

Rosalind Case, School of Psychology, Faculty of Arts and Social Sciences, University of Waikato
Dr Nicola Starkey, School of Psychology, Faculty of Arts and Social Sciences, University of Waikato
Dr Suzanne Barker-Collo, Department of Psychology, Faculty of Science, University of Auckland

Dr Kelly Jones, National Institute for Stroke and Applied Neuroscience, Auckland University of Technology

Traumatic Brain Injury (TBI) in children can impact on developmental milestones and may lead to persistent difficulties across multiple domains. To understand more about the neuropsychological deficits that may arise from mild TBI, the Health Research Council-funded COBIC study examined the impact of TBI on developmental and academic functioning in children aged 6-12 years, 12-months post-injury. Additionally, a matched cohort of non-injured children was recruited. The results to date suggest that population-based, longitudinal research of this nature is feasible in community settings, however the importance of ongoing consultation with families and educators has been highlighted throughout this research. The data obtained provides insight into the consequences of mild traumatic brain injury and, in particular, how such injuries might impact on their learning and performance in school settings.

rcase@waikato.ac.nz

3.00pm

PeArLS : "Where Did I Park My Car?" How do Older Adults Cope With a Diagnosis of Mild Cognitive Impairment

Alison Ruth McKinlay, PhD candidate, Massey University Auckland
Janet Leathem, Massey University Wellington
Paul Merrick, Massey University Auckland

This research focuses on how people cope with and adjust to a diagnosis of mild cognitive impairment (MCI). Coping with a diagnosis of cognitive impairment can be difficult and is comparable to receiving a diagnosis of other chronic diseases (Preston, Marshall & Bucks, 2007). Current literature is divided on how people react psychologically to knowing that they have a progressive cognitive impairment, and much of the research has overlooked the issue of MCI and the associated reactions to this diagnosis. This research aims to present an in-depth view of the experiences of older adults with memory impairment, in particular their reactions to memory difficulties over time. The findings will be used: - To make more conclusive statements about the reactions people have after developing mild cognitive impairment. - To provide guidance to clinicians who provide diagnoses of MCI and dementia. - To inform intervention for people and their families who have experienced a negative or traumatic reaction to their memory difficulties/diagnosis.

a.r.mckinlay@gmail.com

Health Psychology continued

Chair: Iris Fontanilla

2.00pm-3.30pm Lion Harbourview Lounge 2, MFC

2.00pm

PeArLS: Transplantation and Implantation. Psychologists Role in the Teams for these Complex Surgical Procedures

Liz Painter, ADHB, Iris Fontanilla, ADHB & Georgina Shakes, ADHB

Psychologists are integral members of teams involved with complex surgical procedures. This PeArLS will focus on the role of the psychologist in Transplantation (for example, solid organ – heart, kidneys and body tissues) and Implantation (e.g., ICDs and cochlear implants). Innovative practice ideas and research will be addressed within these three presentations: • Liz Painter – Playing God: Selection of suitable patients. The relevance of adherence for improved Quality of Life and Long Term Survival • Iris S. Fontanilla - What now? Getting on with life following transplantation and implantation • Georgina Shakes - Donors and Carers: Vital Roles Participants will have the opportunity to learn from specialised clinicians in their respective fields of health psychology. It is envisaged that discussions arising from this session will provide ideas and innovations to improve patient outcomes.

lpainter@adhb.govt.nz

3.00pm

Attitudinal Changes following LapBand Surgery for Obesity

Dr Angela McNaught, Massey University

There is no doubt that obesity is an increasingly significant

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problem worldwide (World Health Organization, 2006) as well as in New Zealand, which can claim one of the highest rates of obesity compared to other OECD countries. Various bariatric surgeries are becoming an increasingly popular treatment choice largely due to positive outcomes such as weight loss, improved quality of life, and reduced comorbidities (such as diabetes and hypertension) (He & Stubbs, 2004). Changes in attitudes to food and eating as a consequence of surgery seem to have been less commonly explored. This pilot study examines the attitudinal changes that took place following LapBand surgery in a private surgical clinic. Assessments were carried out pre-surgery and approximately one year after surgery. Statistically significant overall differences in food-related attitudes were found. The relationship between actual weight loss and attitudinal change was also explored.

a.mcnaught@massey.ac.nz

Bicultural Stream

Chair: Michelle Levy & Waikaremoana Waitoki
2.00pm - 3.30pm Civic Suite 1, TH

2.00pm

Talking Racism in Aotearoa: A discourse analytic study of self perceived racism against Māori

Pack, S.J., Massey University, Palmerston North
Tuffin, K., Massey University, Palmerston North
Lyons, A.C., Massey University, Wellington

This study aims to contribute to conceptual and theoretical understandings of the emotional and psychological effects of racism against Māori in New Zealand, by exploring accounts of racism experienced or witnessed by Māori adults and the Pakeha partners of Māori. The immediate and ongoing consequences were investigated in a discourse analytic examination of interviews given by 21 Māori participants and 5 non-Māori partners of participants. The findings indicated that although some blatant forms of racism extant prior to 1970 appear to have evolved into a more subtle modern racism, blatant interpersonal racism in the public domain in areas such as retail, financial institutions, and the workplace, remain common today. An analysis of participants' accounts of negative emotional response, loss of self esteem, internalisation, and Post Traumatic Stress Disorder, concludes by highlighting important insights and implications for psychologists working in New Zealand today.

sylviapack@gmail.com

2.30pm

Reflective Journey of Migrants of Asian Descent in Aotearoa: Thoughts after learning the Treaty of Waitangi.

Saburo Omura, Te Pua Wānanga ki te Ao, The University of Waikato
Ngahuia Te Awekotuku, Te Pua Wānanga ki te Ao, The University of Waikato

Tom Ryan, Anthropology programme, The University of Waikato
Linda Waimarie Nikora, School of Psychology, the University of Waikato

Despite numerous concerns lodged in the past (e.g. Spoonley, 2009; Walker, 1995; WAI223), implementation of the Treaty of Waitangi to immigration laws and policies is yet to be achieved. While the New Zealand government maintains the view that the Treaty is irrelevant with its immigration control, some ethnic community groups and individuals took initiatives to learn about the Treaty. In this study, I invited people from Asian ethnic communities across the North Island to study their views of the Treaty. I interviewed 16 key-informants and conducted six focus groups, which seven people on average participated each session. Employing an open-ended approach in these interviews enabled me to explore significant psychological change after learning about the Treaty. Many of the participants went through a process of redefining their identity in a new country, rather than just adjusting to or coping with a different environment. Essentially, learning about the Treaty facilitated psychological integration after migrating to Aotearoa. Future implications, particularly in terms of studying migrants of Asian descent, will also be discussed.

saburo.omura@gmail.com

3.00pm

Engagement with Māori: Using our heads and hearts

Ingrid Huygens, Waikato Institute of Technology & University of Waikato

Keynote speaker Erana Cooper asks whether psychologists' hearts have caught up with our minds in engaging with Māori. This paper addresses how Pakeha/tauiwi psychologists may learn to 'stand together' with Māori in ways that use both our heads and hearts. Recent research into processes of change for Pakeha showed the significance of emotional responses to stories of Māori pain and dispossession, disturbing statistics, and being culturally de-centred, in conjunction with increased understanding and professional competence. I will discuss new and old theorising in social psychology and education about how the heart may help either to resist or change culturally self-centred worldviews and practices towards relationship-centred world views and practices. Finally, we will discuss how psychologists may become, as keynote speaker Pat Dudgeon encourages, part of the solution for the future.

workwise@pl.net

Clinical Training

Chair: Kiri Luther
2.00pm - 3.30pm Civic Suite 2, TH

2.00pm

Selecting Clinical Psychology Students:

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Some preliminary data

Jo Thakker, University of Waikato

Selecting students for clinical training is a challenging task. There are typically many more applicants than places available so there needs to be a systematic way of choosing trainees. At the University of Waikato we take a three-pronged approach involving a group discussion, paper case, and an interview. We usually have a six person panel comprised of university staff and several people from the local community. For the last few years we have been gathering data from the selection process and seeing how this relates to students' performance in the clinical training programme, so that we can assess the utility of specific aspects of the selection process. This paper presents some preliminary analysis of this data.

jthakker@waikato.ac.nz

2.30pm

Use of the Outcome Questionnaire-45 in a Psychology Training Clinic

John Fitzgerald, The Psychology Centre, Hamilton

Quantifying clinical outcomes remains a difficult task despite decades of research and practice. Simple amelioration of diagnostic signs and symptoms is seldom seen as being an adequate marker of successful psychological intervention. This is because psychological change which is significant and sustainable often requires change in behaviour, cognitions (attitudes, beliefs, values), affective processes, and social interactions; few of which are clearly delineated as diagnostic signs or symptoms. Over recent years Michael Lambert's Outcome Questionnaire has gained credibility as a measure of clinically important change, including the prediction of failure to change. Despite our expectation that the properties of the original American measure are applicable in New Zealand there is no good published data to confirm this. We report Outcome Questionnaire-45 (OQ-45) data relating to clinical outcomes of 134 individuals referred to a psychology training clinic, along with a range of other associated data. We also examine the administration and coding errors associated with the use of the OQ-45 in this environment. Finally, given the therapeutic importance of establishing and maintaining a good working alliance we explore how this is associated with outcomes, and the implications for training.

john@tpc.org.nz

Family Court Report Writer Symposium

Chair: Fred Seymour

2.00pm - 3.30pm Civic Suite 3, TH

2.00pm

Implications from the Review of the

Family Court for psychologists

Fred Seymour & Suzanne Blackwell

Psychology Department, University of Auckland

The Ministry of Justice is conducting a review of the Family Court. Last year they released a document, *Reviewing the Family Court: A public consultation paper*, in which they described the issues and options for reform. In addition to calling for public submissions, the Minister for Justice established a Reference Group to assist the Ministry in reaching its conclusions. The presenters are members of the Reference Group. In this paper we summarise the major issues and predicted changes, and discuss the potential implications and opportunities for psychologists.

suzanne.blackwell@xtra.co.nz

f.seymour@auckland.ac.nz

2.30pm

What do they really think? Court professionals' and parents' perspectives on Expert Reports in the Family Court.

Jan Pryor, McKenzie Centre for the Study of Families, Victoria University

This paper presents findings from a study addressing process issues in the Family Court. Data are presented from interviews with Counsellors, Psychologists, Family Court Co-ordinators, Lawyers and Judges, and from survey and interview data from parents who have been through the Court processes. It will focus on views and experiences with expert reports and their writers.

Jan.Pryor@vuw.ac.nz

3.00pm

Post separation shared care arrangements for babies and children aged younger than four years (Or how not to throw the baby out with the bath water)

*Dianne Cameron and Suzanne Blackwell
Private Practice, Auckland*

This presentation will outline the salient issues in the determination of shared arrangements for very young children, discuss relevant developmental and attachment literature, and provide an analysis of the current trends in judicial decision making based on a review of Decisions from the last two years.

dianne.cameron@psych.co.nz

Workshop: Rasch Analysis continues

Presenter: Richard Siegert

2.00pm - 3.00pm Square Affair Suite 1, TH

see workshop description on page 63

Strengthening Communities

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SUNDAY

continues

2.00pm - 3.30pm Square Affair Suite 2, TH

2.00pm

Addressing Disasters: A novelty for orthodox practitioners and researchers in psychology

A.J.W. Taylor PhD, Emeritus Professor of Psychology, Victoria University of Wellington

Disasters of one kind or another have occurred since the dawn of history, but only recently have they attracted the attention of psychologists. In ancient times, rulers sought explanations for their occurrence from prophets and seers. With the emergence of scientific disciplines, pioneers sought explanations other than the supernatural to account for them - while others sought safer ground. This paper, developed in the quietus following the hiatus of involvement in a few disasters of different kinds, touches on some of the matters that came to mind. The hope is that it might encourage more clinicians and academics to regard disasters as a legitimate field of practical and scholarly concern.

tony.taylor@vuw.ac.nz

2.30pm.

New Zealand Psychology Students Investigate Social Attitudes: A Modern Replication of Milgram's "Lost Letter" Study

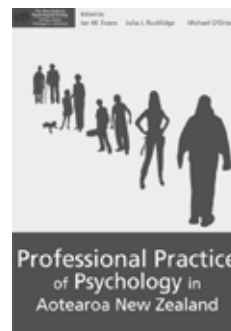
Rhoda Scherman, Auckland University of Technology

In the 1960s, the social psychologist, Stanley Milgram, developed what he called the "lost letter" study as a novel means of measuring social attitudes. He addressed 100 postage-paid envelopes to one of two fictitious groups: The Friends of the Nazi Party and Medical Research Associates. He then "lost" them throughout the Boston area and waited to see how many of each, upon being found by the average citizen, would be helped on its way. As Milgram expected, fewer of the envelopes addressed to the Friends of the Nazi Party were forwarded on, reflecting what he perceived as a broad negative social attitude typical at that time in history. For the last three years, social psychology students at AUT have participated in a replication of this early study. This paper discusses the outcomes of that classroom activity as a reflection of modern social attitudes, and the engagement of students in research.

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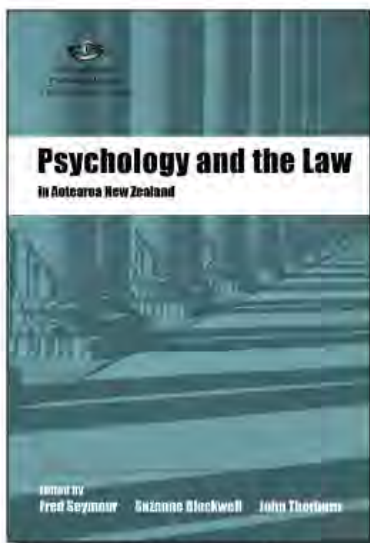
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PsychDirect puts new clients in touch with private practitioners

Do you know about the PsychDirect, an internet based referral service offered by the New Zealand Psychological Society? On the front page of our website www.psychology.org.nz we have a button called 'Find a Psychologist'. People use this to find psychologists who practice in their area, for various issues and with various practice theories.

We received this comment from a potential client recently.

"I used your search engine selecting (the categories) depression, Dunedin, Adult. The result was 0 matches. I know this to be untrue."

The answer to this query is simply that the only psychologists listed on PsychDirect are those who choose to advertise there. For half the cost of advertising in the Yellow Pages you will receive clients and referrals both locally and from around the country. The NZPsS National Office frequently receives requests for referrals to psychologists and we refer people through PsychDirect because we know those psychologists are open to receiving new clients. There is also great demand for psychologists with skills in particular psychological models (e.g. CBT), work areas (e.g. Family Court and ACC) and those who speak other languages.

So if you want new clients, and referrals you can subscribe to PsychDirect. This service is available to NZPsS members, who are registered with a current APC.

This service costs \$60 annually and can be activated by filling in the form on our website at <http://www.psychology.org.nz/PsychDirect> or contact the membership administrator Donna Macdonald for more information on (04) 4734885.

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Programme & Abstracts, Monday 23rd

8.00am	Registration
8.30am - 2.00pm	Exhibition
8.30am	Psychologists Board
9.30am	Morning Tea
10.00am	Keynote Speaker
11.00am	Symposia
12.30pm	Keynote speaker
1.30pm	Lunch & Farewell
2.30pm	Symposia
4.00pm	Conference ends

Morning 8.30am - 12.00pm

The NZ Psychologists Board

8.30am - 9.30am MFC Auditorium

New Zealand Psychologists Board Annual Information and Consultation session

Presenters: Dr Ian Miller (Chairperson) and Mr Steve Osborne (Chief Executive & Registrar)

On this special occasion most members of the Board will be present, and will hold an interactive forum covering topics such as:

- An update re the proposed amalgamation of the 16 Regulatory Authorities' secretariats.
- Governance updates re: our work with Health Workforce New Zealand, the upcoming review of the HPCA Act, Board appointments, and the translation of the Code of Ethics.
- Operational updates re: registration growth, fees/levy changes, the Continuing Competence Programme, and a complaints overview (including "lessons learned").
- Guiding the profession: An update re Best Practice Guidelines.

Time will also be allowed for a general question and answer session.

Working with Refugees

Chair: Fred Seymour

11.00am - 12.30pm MFC Auditorium

11.00am

Refugee Youth Experience of Mental Health Services in New Zealand

Chaykham Smith, The New Zealand Psychological Society

Background: The overarching aim of the PhD study was to examine refugee youth experiences of mental health services. Key areas of focus included issues/difficulties that refugee youths presented with to mental health services; The meaning or definitions the young refugee person gives to "successful outcomes" or "unsuccessful outcomes" with relation to their difficulties; and which factors acted as barriers to and facilitators of "successful outcomes" Methods: Altogether, 56 young persons from refugee backgrounds were recruited to share their experiences of mental health services in New Zealand, the challenges they faced and how they coped with these challenges in focus group discussions and structured interviews. Twenty service providers were also recruited to share in focus groups their experience of working with refugee young persons. Thematic analysis was completed with the information gathered Results: The migratory experience, in particular challenges and trauma occurring before, during or post resettlement appears to affect the mental health problems faced by refugee young persons. This has implications for the type of assistance and service required from mental health professional.

chaykham@internet.co.nz

11.30am

Refugee Children Resettlement into New Zealand Society

*Caroline Judson, University of Auckland
Professor Fred Seymour, University of Auckland*

Refugee children go through important developmental milestones in an environment of high stress, with parents who are often physically or emotionally absent for long periods of time. This has implications for their needs during resettlement. This study aims to increase the knowledge about child refugees' experience of resettlement into New Zealand, to better target social support and interventions. Nineteen children and their parents were interviewed upon arrival to New Zealand to understand their past experiences and their future expectations. Follow up interviews focusing on resettlement experience at 4 and 10 months following resettlement are proceeding. Preliminary analysis indicates the heterogeneity of challenges refugee families face. Common issues are parental mental health that impedes their ability to care for their children, domestic violence, social isolation, and school yard bullying. Children appear to rely solely on their mother for support which creates further pressure on mothers' and family well-being.

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12.00pm

Refugee Family Reunification, Mental

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Programme & Abstracts, Monday 23rd

Health and Resettlement Outcomes in New Zealand

Chaykham Smith, NZPsS
Gary Poole

Family reunification is widely recognised as a vital issue for people from refugee backgrounds but relatively little research has been reported on its relation to mental health or resettlement outcomes. A study was carried out over the course of 2011 involving an initial international review of the literature. A total of 46 respondents from refugee backgrounds with direct experience of the family reunification experience and process in New Zealand were recruited from multiple national and ethnic community backgrounds in Auckland, Wellington, and Hamilton and invited to discuss and share their experiences. Structured individual interviews were carried out with 15 individual participants, as well as 13 focus groups, in addition to analysis reviews of case histories. Research questions focused on the meaning of 'family'; the expectations and experiences the family reunification experience in New Zealand; and on the perceived impacts of family reunification, or lack of it, on the resettlement process and health and wellbeing. The data obtained were analysed applying qualitative thematic induction methods. Findings were consistent with the limited earlier literature in relation to the impacts of family reunification issues. Respondents also reported on their experiences when family reunification was successful and when it was not, and on their experiences as consumers or applicants engaged with the immigration system. Potential practical applications as well as limitations of the present study are discussed, as well as recommendations for further research.

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Process Issues in Psychological Treatment

Chair: Karen Kyne

11.00am - 12.30pm Lion Harbourview Lounge 1

11.00am

Thinking About Transference and Countertransference from Cognitive Perspectives

Claire Cartwright, University of Auckland

The terms transference and countertransference emerged from psychodynamic traditions and are rarely used in CBT practice. However, recent years have seen an increasing interest in the therapeutic relationship in CBT. This paper will examine ways in which transference and countertransference can be considered within a CBT framework. A case discussion will also be used to illustrate the use of these concepts when understanding the therapeutic relationship in CBT.

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11.30am

Empathy in Medical Care

Jessica Ogle, School of Psychology, University of Wollongong

John Bushnell, Graduate School of Medicine, University of Wollongong

Peter Caputi, School of Psychology, University of Wollongong

Background and Aims: Interpersonal processes (such as empathic ability) are a common focus when training clinicians. This study investigated the relationship between empathy and clinical competence among medical students. Methods: Clinical competence of sixty medical students was assessed in an Objective Structured Clinical Examination (OSCE). Empathy was rated by an independent observer and by self-ratings. Results: Observed empathic behaviour was strongly associated with clinical competence and patients' ratings of the students' clinical performance. However, self rated empathy was not associated with clinical competence. Conclusions: Strategies that enhance the behavioural manifestation of empathy may make medical students seem more clinically competent to both examiners and to patients. However, evidence that the students' internal emotions are discrepant with their behaviour raises difficult questions regarding the fundamental nature of genuine empathy, with potential implications for the sustainability of the positive relationship between empathy and clinical competence.

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12.00pm

Supervision Across Professions: Results of a Survey of Psychologists and Social Workers Practicing Interprofessional Supervision in Aotearoa New Zealand

Fiona Howard, University of Auckland

Liz Beddoe, University of Auckland

As professional roles shift within the health sector, and the demand for trained and competent supervisors increases, the role of consultant or supervisor to other professional groups is likely to become a growing area of psychologists' practice. Limited literature suggests both advantages and limitations of interprofessional supervision (IPS) with the potential for it to be, at worst disempowering for the supervisee, and at best to improve functioning in multidisciplinary teams, broaden skills and enhance interactions with consumers. This paper presents the results of a survey of opinions and experiences of psychologists and social workers practicing IPS in Aotearoa New Zealand. Areas surveyed included the rationale for seeking IPS, opinions as to how well it attends to formative, normative and restorative functions and the perceived advantages and limitations for the supervisor and supervisee alike. The results have helped to determine guidelines for IPS to avoid pitfalls and maximise the benefits for the supervisee.

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Programme & Abstracts, Monday 23rd

Health Psychology

Chair: *Iris Fontanilla*

11.00am - 12.30pm Lion Harbourview Lounge 2, MFC

11.00am

Mental Injury from the Christchurch Earthquakes: improving the ACC response

Peter Jansen, ACC

The Accident Compensation Act has been extended to include cover for New Zealand residents who develop a mental injury following firsthand experience of sudden traumatic events while at work. This is additional to the existing cover for mental injury arising from a physical injury. In response to the Christchurch earthquakes ACC developed streamlined processes to expedite assessment, treatment and then recovery for people who lodge a claim for mental injury related to the earthquakes. The enhanced process led to a reduction in the mean time to accept a claim for work-related mental injury for earthquake related claims. The time taken to decline a claim also fell. Information on the reasons for declining claims will be provided. Discussion will focus on activities that have been decisive in improving ACC responses to such disasters such as the use of psychologist assessors.

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11.30am

Photos on Facebook: Their Role in Friendship and Drinking Cultures for New Zealand Young Adults

Anna Tonks - School of Psychology, Massey University

Dr. Antonia Lyons - School of Psychology, Massey University

Dr. Ian Goodwin - School of English and Media Studies, Massey University

Social networking sites such as Facebook have become increasingly popular among adolescents and young adults. Many young adults also engage in regular binge drinking episodes, which they subsequently display on Facebook in the form of photos. Drinking alcohol and interacting on Facebook form an integral part of many young adults' friendships. An exploratory study examined young adults' use of photos on Facebook, particularly those concerning drinking experiences and friendships. Nine university students (aged 19; 5 female, 4 male) engaged in individual interviews with a researcher and an internet-enabled laptop, discussing online practices around drinking, friendships and socialising. Preliminary analyses using discursive and multimodal techniques suggest that photos, particularly those showing drinking and socialising, play an important role in reinforcing friendships as young adults visually share and relive the experiences they have together online. These initial findings help us to further understand contemporary drinking cultures within Aotearoa/New Zealand.

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12.00pm

Memory Service, not Memory Clinic: The need for psychological leadership

Dryden Badenoch, Private Practitioner

Memory Clinics are often viewed as expensive luxuries. Few Memory Clinics offer routine access to a Clinical Psychologist: our input can be seen as a luxury even by Clinic staff. Assessment and follow up by psychiatrists, neurologists or geriatricians is the norm. Moving from a Memory Clinic to a Memory Service model, with both early assessment and intensive non-medical intervention, is more appropriate to the needs of the clients and their families. Analysis of referral and diagnostic data indicates that the majority of people referred to a Memory Clinic have memory impairments which are unlikely to respond to medical intervention. Developing a Memory Service has highlighted the central role Clinical Psychologists can and should play in effective planning and delivery of such services. If Memory Services are to be delivered appropriately and effectively, Clinical Psychologists should take the leadership role in their development and operation.

dryden.badenoch@mac.com

Industrial/Organisational Psychology

Chair: *Crispin Garden-Webster*

11.00am - 12.30pm Civic Suite 1, TH

11.00am

Inter-generational Differences: Popular myth or psychological sense?

Dr. Barbara Kennedy, Massey University

The topic of inter-generational differences appears in the popular press and is addressed by many disciplines, but attracts scant attention in the psychological literature. Rogler (2002) formulated a psychological theory on the basis of the generation of the Great Depression, but this theory does not appear to offer parsimonious explanation for subsequent generations. A brief review of several disciplines' perspectives on generations provides the background to propose a preliminary conceptual model for which social identity theory could provide a theoretical framework. As this is preliminary conceptual work, it remains for the model to be empirically tested. If it is possible to identify psychologically relevant generational differences, there are wider implications for the application of some existing psychological knowledge, and for future psychological research which would then need to account for this demographic variable.

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11.30am

Testing a Cultural Inclusion Dimension towards Job Outcomes: The Mediating Effects of Perceived Organizational

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Programme & Abstracts, Monday 23rd

Support

*Mr David Brougham, University of Waikato
Dr Jarrod Haar, University of Waikato*

Perceived organizational support (POS) is an established predictor of employee outcomes, although studies typically exclude indigenous peoples. The present study extends POS to include perceptions of cultural inclusion, as a way of supporting cultural values and beliefs, and extend the diversity literature. We test relationships towards job satisfaction, career satisfaction and turnover intentions on two samples: 345 Māori and 144 New Zealand European employees. Factor analyses support the distinction of the measures in both samples. In both studies, cultural inclusion was positively related to POS, job satisfaction, and career satisfaction and negatively related to turnover intentions. Full mediation effects were found with POS, leading to the overall conclusion that cultural inclusion predicts POS, which in turn predicts job outcomes. Overall, the effects were strong and consistent for both samples. The present study suggests that support for employee's cultural beliefs, whether indigenous or not, is likely to have positive benefits.

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12.00pm

The Psychology of Strategic/Managerial Decision Making

Dr Luke Strongman, Open Polytechnic of New Zealand

Decisions are a part of daily life, many of the decisions we make are ordinary and commonplace but some workplace decision-making requires more complex cognition. In many Western cultures mental capacity is tied to the concepts of 'ability', 'competence' and 'understanding' in so much as it implies a propensity to understand and appreciate the nature and consequences of a decision - the characteristics of sentience and intentionality. The aim of this paper is to present a contemporary synthesis of research on the psychology of decision-making and strategic/managerial decision making. Following definitions of decision making, five main topic areas are examined: 1.) Coping with stress and conflict in decision making, 2.) Emotions and decision making, 3.) Group decision making, 4.) Strategic and managerial decision making, 5.) Biases in decision making. The paper outlines pathways to competent decision making in the workplace and describes many of the current concepts and contexts that have been used to define competent decision-making.

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The Never-ending Story: Reforming Research Methods in Psychology

Chair: Neville Blampied

11.00am - 12.30pm Civic Suite 2, TH

For more than 60 years there has been debate and contention within psychology about its research methods. Much of this has been directed at the hegemony of Fisherian statistical inference that has constituted the standard method in Psychology. The limitations and deficiencies of this approach are well understood by experts in scientific method, but that understanding has had little impact on generations of researchers, and practitioners who use research findings. Continuing education about this issue is necessary, and exposure to contemporary developments in research methods essential. This symposium will stress the importance of methodology to science and address these issues, highlighting continuing problems, identifying some of the key issues in the debate, and introducing some recently developed innovations in research methods that are alternatives to standard practices.

11.00am

Methodology as a Key to Reforming Psychology's Research Methods Curriculum

Brian Haig, University of Canterbury

Methodology is the interdisciplinary field that studies methods, and is the proper source of their understanding. It draws from the disciplines of statistics, philosophy of science, and cognitive science, amongst others. However, the professional literature of these disciplines does not figure centrally in the content of research methods courses. It is not surprising, therefore, that psychologists' understanding of research methods often leaves a lot to be desired. Amongst other limitations, the standard research methods curriculum in psychology comprises a restricted set of data analytic methods, and fails to give concerted attention to methods of theory construction. It will be argued that teaching methods with a full cognizance of scientific methodology is essential to achieving a genuine education in research methods.

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11.30am

OOM not Doom: A Novel Method for Improving Psychological Science.

Bradley D Woods, University of Canterbury.

20 years on from Lykken's (1991) classic criticism of psychology's dominant research tradition, little has improved. Null hypothesis significance testing (NHST) remains the favourite research ritual, the philosophical foundations of psychological measurement are still mired in soft metaphysical sand, and the ratio of interindividual to intraindividual research is severely disproportionate. Emphasising the primacy of real, repeatable, observable, non-aggregated events, Observation Oriented Modeling (OOM) is an alternative methodology for analysing data and evaluating hypotheses. In focusing on observations rather than generalities, without relying on assumptions of continuous quantitative measurement, or those assumptions

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particular to NHST, OOM seeks to create integrated models that accurately and consistently explain scientific phenomena. It is contended that OOM represents a novel methodology uniquely suited to addressing several problems resulting from psychology's traditional research paradigm.

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12.00pm

Why is Psychology Such an Average Science?

Neville M Blampied, University of Canterbury.

The practice of recruiting groups of individuals as research participants, averaging the data they supply, subjecting the resulting group averages to various statistical tests based on Fisherian statistical inference, and drawing conclusions about experimental hypotheses from group mean differences is a universal practice in psychology. This paper will argue that this practice is not universal among other sciences, trace some of the history of averaging back to the 19th C 'social physics' of Quetelet and his notion of l'homme moyen, summarise some of the real problems and limitations of averaging for research and application in psychology, and suggest some alternative approaches derived from single-case research designs and graphical/visual analysis of data.

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Discussant: Ian M Evans

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Reflections on Depression throughout the Life Cycle

Chair: Cheryl Woolley

11.00am - 12.30pm Square Affair Suite 1, TH

This symposium showcases the work of three clinical doctorate students who investigated various aspects of depression at different stages in the life cycle.

11.00am

Reflections on Depression

Hilary Bradley¹, Cheryl Woolley², and Dave Clarke¹, School of Psychology Massey University, Albany, ²School of Psychology Massey University, Palmerston North

While there is much quantitative research into depression and its treatment, there is a paucity of literature focusing on individuals' reflections of their experiences with depression. Dr Bradley utilised interviews from 13 previously depressed adults, conducted one year after completion of a double-blind dietary intervention study. Thematic analysis indicated the pervasiveness of stress and anxiety leading to depression. Common factors included early trauma, being bullied at school and negative attachment to parents. Suicidality seemed more closely related to being bullied at school

than linked to gender. Avoidance was the most common coping strategy employed. Additionally, the majority of individuals did not like the side effects of anti-depressants. Findings from her study suggest that the current medical model of depression is insufficient to conceptualize and guide treatment pathways. A social/contextual model might provide a more useful extension to the understanding of depression with context and individual experience being paramount.

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11.30am

Depression, Anxiety, and Stress in the transition to motherhood: Introduction of an exploratory model

Anita Darrah¹ & Ian Evans², ¹School of Psychology, Massey University, Palmerston North, ²School of Psychology, Massey University, Wellington

This presentation highlights a model of postnatal distress encapsulating experiences of depression, anxiety and stress in women making the transition to motherhood. Stressors argued to contribute to the occurrence of depression, anxiety and stress in the postpartum period are discussed in terms of an exploratory model of postnatal distress. This model suggests the disparity between women's prenatal expectations and postnatal experiences may, in part, explain why some women, but not others, report distress following a shared biological experience. Research findings contributing to the development of the model are also highlighted.

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12.00pm

Late Life Depression and Memory

Melanie Holdaway, John Podd, & Stephen Hill, School of Psychology, Massey University, Palmerston North

Depression can be accompanied by cognitive difficulties, such as poor memory functioning. We examined the relationship between age (70-79 versus 20-29 year olds), depression and three types of memory important for everyday functioning: short-term (STM), working (WM), and prospective (PM) memory. The Center for Epidemiological Studies Depression Scale (CES-D) was given with a word recall task (STM), a reading span and a letter-number sequencing task (WM), and the Cambridge Prospective Memory Test (time- and event-based PM). There was little or no association between depression scores and the types of memory investigated. Some small effects were observed when visual processing speed (VPS) and IQ were included as moderating factors. In particular, older, higher depression score adults with higher VPS outperformed those with lower VPS scores, and for younger participants on the PM task, those with high depression and high IQ scores outperformed those with low depression and high IQ scores. Our failure to find any clear depression-

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memory links is consistent with extant research. Mixed findings in the literature are probably some function of poor construct definition and a high degree of variability in both depression and memory measurement scales, with scales for both constructs sometimes sharing only 30-40% of the variance.

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Child and Family

Chair: Clive Banks

11.00am - 12.30pm Square Affair Suite 2, TH

11.00am

Youth Gang Membership: Factors influencing and maintaining membership

Sarah Campbell, Masters Thesis Researcher

Dr. Jo Thakker, Supervisor

Dr. Doug Boer, Supervisor

The purpose of this study was to understand the experiences of young people who were actively engaged in youth gangs. This was achieved by carrying out seven semi-structured interviews with young people aged between sixteen and twenty-three who were residing in the city of Hamilton. The interviews were recorded and transcribed verbatim. A thematic analysis of the data was then carried out, highlighting both the themes and subthemes across the data set. Five primary themes were identified. This included the influence of friends, the availability of money, and a desire to participate in antisocial behaviours within the gang. Participants also explained the importance of their neighbourhood surroundings in facilitating youth gang membership. While these overarching themes have been previously reported within literature (Goldstein, 1991; Thornberry, Krohn, Lizotte, Smith & Tobin, 2003), the young people in this study offered their subtly unique experiences and journey into the gang lifestyle. The final theme highlighted the negative evaluation that these young people perceived to experience from others which influenced and maintained their desire to pursue the gang lifestyle. This finding is not as prevalent in the existing youth gang literature, but is discussed within the social psychology literature as the "self-fulfilling prophecy". One of the main findings of this study was that these young people were engaged in the youth gang lifestyle from as young as nine years of age. Once accepted into the gang, participants explained that they then began to withdraw from school and other mainstream activities to pursue their life in the gang. It then became difficult to present these young people with an alternative to their chosen lifestyle as they had access to the support, tangible goods and respect that was desired. They were also accepted into a group of like-minded friends who existed as a substitute family.

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11.30am

PeArLS: The Reemergence of Family Therapy in Aotearoa/New Zealand

Ruth A. Gammon, Massey University

Jessica C. Mills, Massey University

Several years ago a reference group was organized to explore ways to revitalize family therapy in New Zealand, promote training opportunities and improve clinical practice. This group was originally organized by the Ministry of Health and the Werry Centre and now comprises a diverse range of experienced family therapists from DHBs, NGOs, Ministry of Health, and Universities. The group promotes collaboration and brings together professionals from multiple disciplines working with families. After several years of planning and working with leaders and clinicians in the field of Family therapy in New Zealand, the group is in the process of organizing a conference and possibly launching a formal association - The Family Therapy Association of Aotearoa New Zealand (FTAANZ). Members and a student representative will present their work to date, but primarily would like to hear from those working with children and families regarding their needs for an association and further training in the field of family therapy.

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12.00pm

The Mental Health and Parenting Practices of Recently Separated Parents

Kirsten Ritchie, Clinical Psychology Student and PhD Candidate at University of Canterbury

Dr Fran Vertue, University of Canterbury

Professor Garth Fletcher, University of Canterbury

Recently, the most dramatic change in family life has been in the rising rate of marital dissolutions. However, little research has focused on the impact of marital dissolution on parents. This research aimed to investigate the mental health and parenting practices of a sample of 112 recently separated parents via two web-surveys conducted 5 months apart. Cross-sectional results showed that these parents are at higher risk of mental health issues, and were more depressed than the general population. Male s experienced more suicidal ideation than females did. Recently separated parents did not report more negative or less positive parenting than the general population, but did report lower parenting self-efficacy. Longitudinal results showed an increase in wellbeing over time for both males and females. Suicidal ideation decreased over time. The parents' parenting self-efficacy increased over time. These findings contribute to our understanding of the circumstances that New Zealand separated parents' experience.

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Afternoon 2.30pm - 4.00pm

2.30pm MFC Auditorium

Programme & Abstracts, Monday 23rd

Guest Speaker: Ian Lambie

Youth offenders: Serious Criminals or just Nice Guys?

see abstract on page 12

3.30pm

Clinical Child Psychology Discussion -

Ian Evans

Process Issues in Psychological Treatment continued

2.30pm - 4.00pm Lion Harbourview Lounge 1, MFC

2.30pm

When the Moral Quality of Actions Affects Judgments of Cause and Blame: When Intentions Matter

Briar Moir, Victoria University of Wellington

John McClure, Victoria University of Wellington

The apportionment of cause and blame can have major ramifications for both the individual and society. Yet, to date, there has been little research on the way causation is moderated by the intention or outcome of the action. Previous research has found that human actions are rated as more causal and blameworthy than physical events when the causal chain has led to adverse outcomes. The present studies extend this research by examining how the actor's motive (positive or negative) and the valence of the outcome (positive and negative) influence attributions for the outcome. The results replicate previous findings when both actions and outcomes are negative. However, contrasting attribution patterns emerge when actions are positively motivated but the outcome negative, or when events led to positive outcomes. The findings will be discussed in terms of Hart and Honoré's (1985) legal theory, Alicke's (2000) culpable control model, and Knobe's (2010) moral competency model.

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3.00pm - 4.00pm

Twin PeArLS: Have we thrown out the baby and kept the bathwater?

Barbara Kennedy (School of Psychology, Massey University Manawatu) and Ruth Gammon (School of Psychology, Massey University Wellington)

Professional psychology training has embraced the science practitioner model, which well serves the economic rationalist drive for our work to be defined by measurable outcomes and utilisation of evidence based practices. But has the art of psychological practice been lost? Research on therapy repeatedly shows that the therapeutic relationship is the best predictor of outcomes, yet we use a model of training that focuses on techniques rather than on building relationships, being with the client, providing empathy and having an integrative approach that allows the psychologist to individualise their treatment. Within the

scientist-practitioner framework, the competency approach provides an alternative to traditional curricula, allowing the demonstration of accountability; but it remains rooted in the techno-rationalist philosophy of the industrial age. This will be an open discussion on what is needed for the future of psychology training to better equip new professionals for the needs of our post-industrial and information-based society.

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Health Psychology continued

2.30pm - 3.00pm Lion Harbourview Lounge 2, MFC

2.30pm

Broadening Perspectives Around Abortion

Carolina Gnad, MNZAC, Co-ordinator P.A.T.H.S (Post Abortion Trauma Healing Service)

Abortion is a complex, sensitive and at times contentious issue. There were 16,630 abortions in 2010 and approximately a third of those opting for abortion have had one or more previous abortions. This paper will explore elements relevant to working with clients after abortion and those who self-disclose an abortion in a clinical setting. It will examine the wider context of abortion in New Zealand and show how the various influences around client's abortion decision-making can also affect disclosure of a recent or past abortion in the therapeutic setting. It will explore the subjective experience of abortion and highlight how symptoms may be overt, covert and subliminal. Post abortion reactions may be misdiagnosed, misunderstood and remain unacknowledged. A critical review of research around impacts of abortion (including mental health issues) will show that it is limited, fraught and conflicting. How can the research inform or affect the practitioner's approach? Questions are raised and recommendations are made to enhance psychologists' practice. A call is also made for further research. Social implications will be discussed

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Industrial Organisational Psychology continued

2.30pm-Civic Suite 1, TH

2.30pm

PCM and NEOS: Longer term outcome analysis of communication training

Werner Naef, KCO Ltd & Sue Aspin, PCM Facilitator
Process Communication Model (PCM) was developed in the 1970's from psychological research that showed that one's basic communication style and behaviour is embedded as a child and remains highly predictable for life. The base communication style is supplemented with

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an adaptive component that reflects one's phase of life and current influences, for example, emotional stress. The PCM workshop is designed to help participants understand these styles and influences in themselves and in others. In particular, because communication can be very difficult when under pressure, gaining an understanding of how to recognise when stress is affecting behaviour and communication can enable one to avoid conflicts and minimise potential mishandling of crises. As practitioners, understanding PCM also has positive implications for improvement of communication and the therapeutic alliance. The credibility of the research and the standing of the training is shown by its use by NASA in astronaut selection and training, by airlines, medical colleges in Australia and New Zealand as well as at the University of Otago and other organisations in a broad range of industries. The paper has a specific focus on post-training evaluation over the longer term required by the Royal Australasian College of Surgeons, based on the NEOS Self-Report Efficacy Outcomes System. The purpose of the NEOS evaluation was to examine the potential impact, value and utility of PCM for Fellows and as a training curriculum for surgical trainees. Outcomes of the evaluation study will be discussed.

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Parenting Assessment

Bill Shaw, Waikato Institute of Technology
Assessment of parenting capacity in cases of care and protection is increasing/often devolved from statutory to non-government services. A review of parenting capacity assessments carried out at a large NGO social service agency in New Zealand showed evidence of issues around staffing, supervision and training, as well as diversity of clinical practice. Participants were clinical staff including both social workers and counsellors who were involved in conducting assessments with children and their parents/caregivers. Focus groups with staff; an interview with the clinical manager, and a review of documentation were used to review assessment practices. Key themes in assessing parenting capacity included diversity of therapeutic approaches to assessment, reluctance to use psychometric tests (Honosca), limited understanding of psychopathology, lack of evidence-based practice especially around clinical supervision processes. The findings highlight both clinical and human resource implications for non-government organisations including the need for job analysis, person-job fit and training needs analysis. Recommendations and guidelines are discussed

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3.00pm

Factors that Affect Psychological Well-Being in a New Zealand Sample of Maltreated Children.

Sarah Wolstenholme, Psychology Department, The University of Auckland

Many New Zealand children and young people who have experienced maltreatment subsequently develop a range of psychological sequelae. This study aimed to investigate what demographic, abuse, and child/family factors relate to psychological health of maltreated children/adolescents. Data from 180 children who presented to Puawaitahi multi-agency child abuse service was analysed, including Strengths and Difficulties Questionnaire (SDQ) scores and file information. SDQ results indicated that a large proportion of children were at medium/high risk of a psychological disorder. Higher risk/scores were associated with being older, being male, lack of parent/caregiver belief, having spent time in care, and having experienced a greater number of home transitions. Higher scores were also associated with a greater delay between the event and identification of maltreatment, the experience of physical or sexual abuse, and the invasiveness/duration of sexual abuse. This study indicates a need for psychological support for many children/adolescents who have experienced maltreatment.

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Careers Forum

Chair: Joanne Cunningham

2.30pm - 3.30pm Civic Suite 2

This forum will provide an opportunity for newcomers to the profession and those looking to make a change to hear about the variety of career options that exist for psychologists. A panel of psychologists will talk about the work they do and answer any questions you have about a career in clinical psychology, health psychology, counselling psychology, educational psychology, industrial/organisational psychology, community psychology and psychology in the justice system.

Fiona Ayers - IEDP

Rose Black - IComPA

Iris Fontanilla - IHP, DHB

Jackie Feather - ICounsPsy

Armon Tamatea - ICJFP, Corrections

Crispin Garden-Webster - I/O, Private Practitioner

Jo McClintock - ICP, child health and mental health

Child and Family continued

Chair:

2.30pm - 3.30pm Square Affair Suite 2

2.30pm

Human Resource Implications of an NGO

Poster Abstracts

Poster Board 1

Deception Detection and Emotion Recognition Abilities of Therapists

Alexa A Curtis, School of Psychology, Massey University

John V Podd, School of Psychology, Massey University

Stephen R Hill, School of Psychology, Massey University

The ability to accurately recognise facial expressions of emotion can enhance communication and the development of a therapeutic relationship. Being able to discern when emotions are masked or concealed may also contribute to therapy outcomes by alerting the therapist to areas requiring further exploration. For example, clients may be deceptive when responding to questions regarding safety in order to protect a perpetrator or to conceal their own intentions. In a forensic setting, detecting deception may contribute to more accurate risk assessment in parole assessments and assist in detecting feigned motivation to attend rehabilitative programs. Despite a large body of research on facial expression of emotion, there is a dearth of research into therapists' emotion recognition competencies or ability to detect deception. This study will focus on these skills and whether training in micro-expression recognition can enhance these abilities.

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Poster Board 2

Association of Vitamin D Status and Depression Scores in a Non-Clinical Sample

Maria A Polak, University of Otago

Lisa Houghton, University of Otago

Tamlin S Conner, University of Otago

Background: Vitamin D has recently gained popularity as a 'mood elevator' and is widely taken in supplemental form by the general population. While there is some evidence that vitamin D may be beneficial in alleviating major depression, there have been no investigations in non-clinical populations. Aims: We investigated the association between 25(OH)D, a marker of vitamin D status, and depression scores in a non-clinical sample. Methods: 314 University of Otago students completed the Centre for Epidemiologic Studies Depression Scale (CES-D) and provided a venous blood sample for 25 (OH)D analysis. Results: Level of 25(OH)D in blood was strongly negatively correlated with the depression score even after adjusting for time spent outdoors and physical activity ($r=-.244$, $p=.003$). On average, each one SD increase in 25(OH)D was associated with a 5 point decrease in the CES-D score ($r=-.244$, $p=.003$). Conclusions: Findings suggest the need to investigate supplementation with vitamin D at sub-clinical levels of depression.

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Poster Board 3

The Psychology of Earthquake Stress Cardiomyopathy, Non-Cardiac Chest pain and Myocardial Infarction

Julie Zarifeh, Psyc Consult Service, Christchurch Hospital

Professor Roger Mulder, University of Otago, Christchurch

AJ Kerr, Dept of Cardiology, Middlemore Hospital
CW Chan, Dept of Cardiology, Christchurch Hospital

PG Bridgman, Dept of Cardiology, Christchurch Hospital

Background: Stress cardiomyopathy is the classic psychologically precipitated physical illness. Non-cardiac chest pain and myocardial infarction can also be triggered by emotional stress. The September 2010 Christchurch earthquake provided a unique opportunity to compare the psychological factors underlying these three conditions. We hypothesised that patients with non-cardiac chest pain or stress cardiomyopathy may be more psychologically vulnerable than those with myocardial infarction. Methods: Cardiology admitting staff in the week following the earthquake prospectively identified patients with earthquake precipitated chest pain. Males were excluded from our study. All consenting women included had to meet strict diagnostic criteria for one of the three conditions. Patients underwent semi-structured interview with a senior clinical psychologist. Pre-morbid psychological factors, experience of the earthquake and psychological response to the earthquake were assessed using validated tools. Results: Seventeen women were included in the study, six with stress cardiomyopathy, five with myocardial infarction and six with non-cardiac chest pain. Earthquake experiences were notably similar across the groups. Patients with non-cardiac chest pain scored high on the HADS anxiety scale, the Eysenck neuroticism scale and the Impact of Event scale. Women with stress cardiomyopathy scored as the most psychologically robust. Depression and extroversion scores were the same across groups. Conclusion: Stress cardiomyopathy following an earthquake does not appear to be specific to psychologically vulnerable women. Women presenting with non-cardiac chest pain have both higher health anxiety, and generalized anxiety, and score more highly on neuroticism scales, when compared with women diagnosed with either MI or stress cardiomyopathy.

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Poster Board 4

When the 'Rosy View' Turns Blue: Dysphoria Flattens the Cognitive Profile of Happiness

Natalie Kladnitski, University of Otago

Tamlin S. Conner, University of Otago

Background: According to the 'rosy view' phenomenon

Poster Abstracts

psychologically healthy individuals' expectations and memories of their emotions and experiences are positively biased to be better than reality. Aims: We investigated the effect of dysphoria on the 'rosy view' associated with happiness. Methods: 160 University of Otago undergraduates responded to the question "Right now, how happy are you?" via their mobile phones up to six times a day for 13 days. These 'on-line' ratings were averaged and compared to participants' predicted, remembered, and anticipated future levels of happiness over the same period. Results: Participants low in dysphoria showed a 'rosy view' profile, where their predicted and remembered ratings were significantly higher than their actual on-line happiness. Those high in dysphoria scored significantly lower on all measures of happiness, and showed a flattened profile, lacking the 'rosy view' pattern. Conclusions: Dysphoria appears to affect more global cognitions surrounding happiness beyond the experience alone.

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Poster Board 5

Do Existing Psychological Treatments Match Current Models of Insomnia?

*Fernanda de Lacerda Mottin, Massey University
Duncan Babbage, PhD, Massey University
Prof. Philippa Gander, Sleep/Wake Research Centre, Massey University
Prof. Janet Leathem, Massey University*

Background: Aetiological models of insomnia highlight the role of hyperarousal and anxiety personality traits, in addition to maladaptive sleep behaviours and cognitions. Despite the proven efficacy of current treatments, a number of people don't improve following treatment. Aims: To identify whether psychological treatments for insomnia target the causal and maintaining factors described in the literature. Methods: Forty studies of psychological treatment for insomnia were reviewed. The treatment components described therein were classified according to published insomnia aetiology theories. Results: Of the treatment packages reviewed, only 5% targeted all four areas. The behavioural aspects of sleep and anxiety were most frequently included in treatment packages (93% and 60%, respectively), while sleep cognitions were targeted in just under half of studies examined. Anxiety cognitions were targeted in only 20% of studies. Conclusion: To reconcile insomnia theories and practice, studies should investigate the efficacy of treatment packages addressing all aspects of insomnia aetiology.

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Poster Board 6

Evaluating the Role of an Online Blog to Enhance Self-Reflective Practice for CBT Trainees

*Samantha Spafford, Student Massey University
Dr Bev Haarhoff, Massey University*

Cognitive behaviour therapy (CBT) has experienced significant growth in the past five years. This growth has resulted in an increasing demand for suitably qualified therapists. Embedded within the theoretical model of CBT is an emphasis on evidence based practice, subsequently researchers have also begun exploring evidence based training. One method showing increasing empirical support is self-practice (SP)/ self-reflection (SR) which has been identified for its unique impact on enhancing reflective practice. SP/SR was formulated as a structured training technique based on the theoretical model of skill acquisition known as the Declarative, Procedural, Reflective (DPR) model. Perhaps as a reflection of the increased demand for trained therapists, there are also a growing number of online and flexible methods of postgraduate CBT programmes emerging. Within these training programmes SR has been introduced with an online component. The present qualitative study seeks to evaluate the use of an online blog to facilitate SR for postgraduate CBT trainees. Participants came from varying clinical backgrounds and completed Workbook SP/SR or Online SP/ SR, as a component of their studies in the Postgraduate Diploma of CBT. The responses of six students completing the workbook format were compared with eight students completing an online format of self reflection. Seven trainees that had participated in the online blog reported their experience via an electronic feedback form. Four of these participants went on to participate in a focus group discussion. Qualitative data provided support for the use of online SR blogs, whilst also revealing a number of unique challenges that are introduced with this mode of reflection. These challenges are discussed with reference to current training demands and the future use of reflective blogs for CBT trainees.

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The New Zealand Psychological Society

Workshop Abstracts

Rasch Analysis - An Introduction

Presenter: Richard Siegert, Reader in Rehabilitation Department of Palliative Care Policy and Rehabilitation Kings College London

Sunday 21st April, 10.00am Square Affair Suite 1, TH
A workshop for academics and researchers, especially graduate students, with an interest in modern psychometric methods. The workshop will be suitable for anyone familiar with undergraduate psychology level statistics.

Key learning objectives:

- Participants will understand where Rasch analysis fits in to the broader field of psychometrics.
- Participants will gain knowledge of the theory and history of Rasch modelling.
- Participants will understand the many advantages of Rasch analysis over classical test theory methods and other item response theory models.
- Participants will become familiar with the steps involved in a Rasch analysis of a questionnaire
- Participants will know where to seek further Rasch training and how to purchase user-friendly Rasch software
- Participants will have e-mail support for developing their Rasch skills after the workshop.

The use of Rasch analysis for developing and evaluating psychometric tools has exploded in the past two decades. Ironically this powerful modern psychometric approach remains relatively unknown and under-used in Psychology. This workshop is an introduction to the theory and practice of Rasch analysis.

- Participants will receive a thorough grounding in the historical and theoretical background to Rasch modelling.
- The use of software for Rasch analysis will be demonstrated using real data from psychometric instruments.
- The stages of a thorough Rasch analysis will be outlined and demonstrated with examples.
- Introductory courses and software packages for Rasch will be discussed and their pros and cons considered.
- Follow-up support for researchers wanting to get started using Rasch analysis will be available.

Friday 20th April workshops:

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

Presenter: David Barlow

Please see page 8 for his bio.

This workshop will review the evidence supporting and discuss recent applications of a transdiagnostic, unified approach to treating emotional disorders. Workshop participants will learn how to apply treatment components

to a wide range of emotional disorders through instruction, case examples, and clinical vignettes. You will learn:

a) Evidence supporting a unified conceptualization of emotional disorders; b) Case conceptualization from a unified perspective; c) Application of core components of the Unified Treatment protocol, d) Challenges of applying treatment concepts to diagnostically diverse populations; e) Strategies for preventing emotional avoidance and altering action tendencies; and f) How to create effective emotion exposures.

Suggested Readings:

Barlow, D.H., Ellard, K.K., Fairholme, C.P., Farchione, T.J., Boisseau, C.L., Allen, L.B., & Ehrenreich-May, J.T. (2011). Unified protocol for the transdiagnostic treatment of emotional disorders: Workbook. New York: Oxford University Press.

Barlow, D.H., Farchione, T.J., Fairholme, C.P., Ellard, K.K., Boisseau, C.L., Allen, L.B., & Ehrenreich-May, J.T. (2011). Unified protocol for the transdiagnostic treatment of emotional disorders: Therapist guide. New York: Oxford University Press.

Boisseau, C.L., Farchione, T.J., Fairholme, C.P., Ellard, K.K., & Barlow, D.H. (2010). The development of the Unified Protocol for the transdiagnostic treatment of emotional disorders: A case study. *Cognitive and Behavioral Practice*, 17, 102-113.

Ellard, K.K., Fairholme, C.P., Boisseau, C.L., Farchione, T.J., & Barlow, D.H. (2010). Unified Protocol for the transdiagnostic treatment of emotional disorders: Protocol development and initial outcome data. *Cognitive and Behavioral Practice*, 17, 88-101.

Fairholme, C.P., Boisseau, C.L., Ellard, K.K., Ehrenreich, J., & Barlow, D.H. (2010). Emotions, emotion regulation, and psychological treatment: A unified perspective. In A. Kring & D. Sloan (Eds.), *Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment* (pp. 283-309). New York: Guilford Press.

Wilamowska, Z.A., Thompson-Hollands, J., Fairholme, C.P., Ellard, K.K., Farchione, T.J., & Barlow, D.H. (2010). Conceptual background, development, and preliminary data from the unified protocol for transdiagnostic treatment of emotional disorders. *Depression and Anxiety*, 27, 882-890.

Acceptance and Change in Dialectical Behavior Therapy: Promoting Skill Use and Skill Generalization in the Session

Presenter: Alan E. Fruzzetti

Please see page 9 for his bio.

The focus of this intermediate to advanced workshop will be how to use therapist acceptance strategies (mindfulness, validation) and change strategies (clear targeting, blocking and redirecting, shaping), to promote skill strengthening and patient improvements. Recent studies have identified key mediators of patient outcomes, including skill acquisition in general and improved emotion regulation

Workshop Abstracts

skills in particular. Yet, helping patients to develop these skills, and replace dysfunctional responses with more skillful ones, can be a complicated task. This workshop will include a focus both on therapeutic acceptance and validation (which fosters emotion discrimination and emotion regulation), and therapeutic change strategies (stimulus control, contingency management, chain analysis, skill training and generalization), and will consider ways that the therapist can achieve a dialectical synthesis of acceptance and change in the session through the careful sequential application of these interventions. Specific targets for validation (such as primary emotions), types of validation, and pairing validation with change strategies, seem to be quite different processes that distinguish DBT from other approaches. Particular attention will focus on the details of the therapeutic process in-session. Lecture, role plays, exercises, and video will be used to demonstrate how to increase client self-management and skill generalization, while minimizing crisis generation and client passivity.

Suggested readings:

Fruzzetti, A.E., Crook, W., Erikson, K., Lee, J., & Worrall, J. M. (2009). Emotion regulation. In W. T. O'Donohue & J. E. Fisher (Eds.), *General principles and empirically supported techniques of cognitive behavior therapy* (pp. 272-284). Hoboken, NJ: Wiley.

Fruzzetti, A. E., & Erikson, K. M. (2009). Acceptance based interventions in cognitive-behavioral therapies. In K. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (3rd Ed.). New York: Guilford.

Fruzzetti, A. R., & Fruzzetti, A. E. (2009). Dialectics in cognitive and behavior therapy. In W. T. O'Donohue & J. E. Fisher (Eds.), *General principles and empirically supported techniques of cognitive behavior therapy* (pp. 230-239). Hoboken, NJ: Wiley.

Fruzzetti, A. E., & Worrall, J. M. (2010). Accurate expression and validation: A transactional model for understanding individual and relationship distress. In K. Sullivan & J. Davila (Eds.), *Support processes in intimate relationships*, Oxford University Press.

The Patient's Perception of Illness; theory, measurement and intervention

Presenter: John Weinman

Please see his bio on page 10

This workshop will be structured to allow participants to:

- Develop an understanding of Leventhal's Self-Regulation model and of the nature and role of illness perception in adaptation to illness and other health threats.
- Gain familiarity with questionnaire and other methods of assessing illness perceptions.
- Appreciate how illness perceptions can influence outcome in a wide range of long-term health problems
- Examine the types of illness perception-based interventions which have been developed and their

effects on a range of outcomes.

The workshop will make use of a range of approaches, including formal teaching, vignette-based tasks and small group work.

The Australian Psychological Society Reconciliation Action Plan: Taking a good hard look from across the Tasman

Presenters: Pat Dudgeon (Australian Indigenous Psychologists Association), Heather Gridley, Australian Psychological Society), Linda Waimarie Nikora (University of Waikato) and Ray Nairn (Te Roopu Whariki, Massey University)

One of the four planks of the Australian Psychological Society's Strategic Plan is to 'actively contribute psychological knowledge for the promotion and enhancement of community wellbeing', which involves ensuring that the public interest is always prominent in APS policy and decision making. More than three years on from the Prime Minister's apology to the Stolen Generations, and as part of its commitment to Indigenous health and wellbeing, the APS is working in partnership with the Australian Indigenous Psychologists Association (AIPA) to engage in a reconciliation process as an organisation. This is a significant development for the discipline and draws together a number of Indigenous activities across different levels and areas within the Society under one overarching plan. The RAP is being developed with the support of Reconciliation Australia as the peak national body building and promoting reconciliation between Indigenous and non-Indigenous Australians for the benefit of all Australians. The three key principles of relationships, respect and opportunities underpin the RAP process. Two core strategies for developing strong RAPs are recommended: Ensure shared ownership across all levels of an organisation and involve as many people as possible in the process. Indigenous collaboration – listening to and learning from Aboriginal and Torres Strait Islander people is an essential part of the process.

In Aotearoa, issues of cultural safety and accountability to Māori have been progressed within the NZPsS by the National Standing Committee on Bicultural Issues. The concept of cultural safety means that it is the client, not the professional(s), who determines whether a situation was/is culturally safe, and that psychologists need to work towards 'taking the teina (younger) position' when working with Indigenous peoples. This workshop will take the form of an overview of the development of the APS RAP to date, followed by a conversation that invites psychologists from Aotearoa New Zealand to offer comment and consider the similarities and differences between the Reconciliation process within Australian psychology and the local emphasis on Te Tiriti o Waitangi, cultural

Workshop Abstracts

competence, and applications of Kaupapa Māori and cultural safety to psychology in Aotearoa. It is hoped that the sharing of lessons learned around 'what works' will advance the promotion of Indigenous self-determination in psychological contexts on both sides of the Tasman. Participants can expect to leave the workshop with increased understanding of the historical impact of colonisation on the wellbeing of Indigenous peoples of both Australia and Aotearoa New Zealand, greater awareness of the potential for psychology and psychologists to be 'part of the solution' rather than 'part of the problem', and increased knowledge and skills to apply critically and safely in their research and practice.

Improving Understanding and Implementation of Mindfulness-integrated CBT

Presenter: Bruno A. Cayoun

Mindfulness skills are being increasingly included in Western psychological therapies, especially with cognitive and behavioural techniques. However, integrating mindfulness training with core components of CBT skilfully is a complex and demanding process, primarily because the theoretical framework from which clinicians using mindfulness operate is either unclear or absent, and practitioners are often provided with ill-defined rationales for each skill to be developed. Workshop participants will expand their understanding of operant conditioning and acquire a strong theoretical and practical basis for integrating mindfulness training with traditional CBT and other modalities.

In particular, participants will learn flexible and effective ways of implementing the four stages of Mindfulness-integrated Cognitive Behaviour Therapy (MiCBT) in group and individual formats. The workshop will provide a rationale for the transdiagnostic application of MiCBT to address crisis and help prevent relapse in a wide range of disorders and clients with comorbid conditions. Through case discussions, instruction, demonstration and direct experience, participants will learn rapid and universally applicable mindfulness-based distress reduction methods. Participants will have the opportunity to enquire about their difficulties using a mindfulness approach with clients and to receive feedback and clarification for treatment. The level is intermediate to advanced.

Presenter

Dr Bruno A. Cayoun is Director of the MiCBT Institute and a Clinical Psychologist in private practice in Hobart, Tasmania. He is the principal developer of Mindfulness-integrated Cognitive Behaviour Therapy (MiCBT) and has been teaching this approach to mental health professionals internationally for the past 9 years. He has practised mindfulness meditation and undergone intensive training in mindfulness centres in France, Nepal, India, and Australia

for 23 years. Dr Cayoun is also an Honorary Research Associate at the University of Tasmania and a clinical supervisor in mindfulness research. His current research includes the measurements of mindfulness mechanisms, the effects of mindfulness meditation on cognitive decline in older adults, differences in MiCBT and Mindfulness-Based Cognitive Therapy treatment outcomes, and the effects of MiCBT on addiction, trauma, and comorbidity. He is the author of several MiCBT skills-training manuals for professionals and students and a new book: "Mindfulness-integrated CBT: Principles and Practice", published by Wiley-Blackwell-2011. He is also the principal developer of two questionnaires, the Short Progress Assessment and the Mindfulness-based Self Efficacy Scale, now translated in Portuguese and Dutch.

Suggested Reading:

Cayoun, B.A. (2011). Mindfulness-integrated CBT: Principles and practice. Chichester, UK: Wiley-Blackwell.

The New Zealand Psychological Society
with the Institute of Counselling
Psychology are proud to host:

**Interpersonal Psychotherapy
(IPT): Two day basics and
beyond
presented by**

Paul Rushton
2 & 3 July Auckland
5 & 6 July Wellington

Interpersonal Psychotherapy (IPT) is a semi-structured, time-limited therapy with demonstrated efficacy for a range of conditions including Depression and Bulimia. IPT was developed in the late 1970s as a brief structured psychological treatment for Depression. It later rose to prominence when it compared favourably to CBT and Medication in the NIMH Treatment of Depression study conducted in the mid 1980s. The efficacy of IPT as a treatment alternative or adjunct to other approaches has since been confirmed in numerous studies leading to IPT being included in government funded programs in Australia and the UK. Despite these developments, many practitioners within Australia and New Zealand have received little exposure to IPT education and training.

Conference Notes

Conference Notes

Conference Notes
